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EDITED BY

J. A. THACKER, M. A., M. D.

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STORAGE

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Elm Street Printing Co., 176 and 178 Elm St.

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Of the U. S. Pharmacopœia and from Recipes of Eminent Physicians,

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Special attention given to the manufacture of private formulas for Pills, in lots of not less than three thousand each. As we have more than usual facilities for manufacturing Pills, parties can rely always upon getting any private formulas entrusted to our care, promptly. All such receipts are strictly confidential.

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	Price per bottle of 100 each.	500 each.
Acid Arsenious, 1-20, 1-30, 1-40, 1-50, 1-60 gr.	$ 40	$1 75
Aconitia, 1-60 gr.	75	3 50
Ague	75	3 50
Chinoidin, 2 grs., Ext. Col. Co. ½ gr.		
Ol. Pip Nig 1-8 gr. Ferri. Sulph. ½ gr.		
Aloes, U. S. P.	40	1 75
Pulv. Aloes Socot., 2 grs.		
“ Saponis, 2 grs.		
Aloes Comp. U. S. P.	50	2 25
Ext. Gent., 2-3 gr., Alo. Socot. 2-3 gr.		
Pul. Rhei. 1⅓ gr. Ol. Carui. 1-5 gr.		
Aloes, et Assaf., U. S. P.	40	1 75
Pulv. Aloes. Socot., 1⅓ grs.,		
Assafœtida, 1 1-3 grs.		
Pulv. Saponis, 1 1-3 grs.		
Aloes, et Mastich, (Lady Webster's Dinner Pills), 3 grs.	50	2 25
Pulv. Aloes Socot., 1½ gr.		
Gum Mastich, ¼ gr.		
Flor Rosae., ¼ gr.		
Aloes, et Myrrh, U. S. P.	50	2 25
Pulv. Aloes Socot., 2 grs.		
“ Myrrhæ, 1 gr.		
Croci Stigmat., ⅓ gr.		
Aloes, et Nux Vomica	50	2 25
Pulv. Aloes Socot., 1½ grs.		
Ext. Nux Vomica, ½ gr.		
Alterative	$ 50	$2 25
Mass. Hydrargyri, 1 gr.		
Pulv. Opii, ⅛ gr.		
“ Ipecac, ⅛ gr.		
Ammon. Bromid, 1 gr.	75	3 50
Ammon. Valerianate, 1 gr.	1 50	7 25
Analeptic	60	2 75
Pulv. Antimonialis, ¾ gr.		
“ Res. Guaiaca, 1 gr.		
“ Aloes Soc. ¾ gr.		
“ Myrrhæ, ½ gr.		
Anderson's Scots	40	1 75
Pulv. Aloes Socot 1 gr.		
“ Sapon. Hispan. ⅛ gr.		
“ Fruct. Colocyn., ½ gr.		
“ Gambogiæ. ⅛ gr.		
“ Oleum Anis. ⅛ gr,		
Anodyne	75	3 50
Pulv. Camphoræ 1 gr.		
Morphia Acetat, 1-20 gr.		
Ext. Hyoscyami 1 gr.		
Ol. Res. Capsici, 1-20 gr.		
Anti-Billious, (Vegetable)	60	2 75
Pulv. Ext. Coloc. C. 2½ grs.		
Podophyllin, ¼ gr.		
Anti-Chlorotic	75	3 50
Potass, Chlor. 1 gr.		
Ferri. Chlor. ⅓ gr.		
Pulv. Podophylli, 1 gr.		
Pulv. Myrrhæ, ½ gr.		
Anti-Choromania	75	3 50
Zinci Valer. 2 grs.		
Ferri Valer. ¼ gr.		
Ext. Sumbul, ½ gr.		
Anti-Chill	1 00	4 75
Chinoidine 1 gr.		
Ferri Ferrocyan, 1 gr.		
Ol. Piper Nig 1 gr.		
Arsenic, 1-20 gr.		
Anti-Dyspeptic, (3 grs.)	1 00	4 75
Strychniæ, 1-40 gr.		
Ext. Belladonnæ, 1-10 gr.		
Pulv. Ipecac, 1-10 gr.		
Mass. Hydrarg. 2 grs.		
Ext. Coloc. Co. 2 grs,		
Anti-Epileptic, (3 grs.)	6 00	29 75
Iron Hydrocyanate, ½ gr.		
Valerianate Quinine, 1 gr.		
“ Zinc, ½ gr.		
Ext. Valerian, 1 gr.		
Anti-Malarial, (McCaw.)	2 25	11 00
Quiniæ Sulph. 1 gr.		
Ferri Sul. Exs. ¼ gr,		
Ol. Res. Pip. Nig. 1-16 gr.		
Ac. Arsenious, 1-30 gr.		
Gelsemin. ¼ gr.		
Podophyllin. ⅛ gr.		
Anti-Spasmodic	75	3 50
Ext. Hyoscyami, ½ gr.		
Morphia Acetat, 1-10 gr.		
Brom. Camphor, ½ gr.		
Pulv. Capsici, ½ gr.		
Anti-Splenetic	60	2 75
Pulv. Aloes Soc. 1 gr.		
“ Ammoniaci, ½ gr.		
“ Myrrhæ, ½ gr.		
Ext. Bryony. 1 gr.		
Anthelmintic	1 00	4 75
Santonin. Calomel, aa. 1 gr		
Antimonii Comp. U. S. P. (Pil. Calomel Comp.)	$ 40	$1 75
Calomel.		
Oxysulph. Antimony.		
Guaiacum Resin.		
Anti-Periodic	80	3 75
Cinchonæ Sulph. 1 gr.		
Ferri Sulph. Exsic., 1 gr.		
Ext. Quassiæ, ½ gr.		
“ Rhei., ¼ gr.		
Pulv. Myrrhæ, ⅔ gr.		
Aperient	90	4 25
Ext. Nux Vomica, ⅓ gr.		
“ Hyoscyam, ½ gr.		
“ Coloc. Comp.. 2 grs.		
Aperient, Drysdale's	60	2 75
Pulv. Rhei, 1¼ grs.		
“ Al. Soc. 1¼ grs.		
“ Ipec. 5-12 gr.		
“ Nux Vomica, ½ gr.		
Aperient, Mild	50	2 25
Ext. Col. Co., ½ gr.		
“ Hyosc., ⅙ gr.		
Pulv. Rhei., 1 gr.		
Ol. Cari.		
Apocynum, 2 grs.	70	3 25
Assafœtida, U. S. P.	40	1 75
“ 2 grs.	40	1 75
Assafœtida, Comp.	40	1 75
Asaafœtida, 2 grs. Ferri Sul. Exc. 1 gr.		
Assafœtida, et Rhei	75	3 50
Assafœtida, 1 gr. Pulv. Rhei. 1 gr. Ferrum per Hyd. 1 gr.		
Astringent	60	2 75
Ext. Geranii, 2 grs.		
Pulv. Opii, ¼ gr.		
Ol. Menth. pip., 1-20 gtt.		
Ol. Res. Zangiber, 1-20 gtt.		
Atropia, 1-60 gr.	75	3 50

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☞ A complete Price Current and Dose Book furnished on application. Pills sent by Mail in any quantity up to four pounds, at one cent per once.

	Price per bottle of	
	100 each.	500 each.
Ballou	75	3 50
Ext. Col. Comp., 1 gr.		
" Jalap, 1 gr.		
Hyd. Chlor. Mit., 1 gr.		
Pulv. Ipec., ⅛ gr.		
Belladonna Ext., (Eng.) ¼ gr.	40	1 75
" " ½ gr.	50	2 25
" " 1 gr.	60	2 75
Bismuth, Sub. Carb., 3 grs.	75	3 50
" Sub-Nit., 3 grs.	75	3 50
Bismuth et Nux Vomica	1 50	7 25
Bismuth Sub. Carb., 4 grs.		
Ext. Nux Vomica, ¼ gr.		
Bismuth and Nux Vomica	1 50	7 25
Bismuth Subnit. 5 grs.		
Ext. Nux Vomica, ⅓ gr.		
Bismuth and Ignatia	1 50	7 25
Bismuth Sub-Carb., 4 grs.		
Ext. Ignatia Amara, ¼ gr.		
Caffein Citrat., 1 gr.	4 50	22 25
Calomel, ⅓ gr., 1 gr., 2 grs., 3 grs.	40	1 75
" 5 grs.	50	2 25
Calomel Comp., (Plummer's) 3 grs.	40	1 75
Calomel.		
Oxysulph. Antimony.		
Guaiacum Resin.		
Calomel et Ipecac. Comp.	50	2 25
Calomel, 1 gr.		
Pow'd Ipecac, Comp., 3⅓ grs.		
Ext. Gentianæ, q. s.		
Calomel et Rhei	$ 75	$3 50
Ext. Rhei., ½ gr. Calomel, ⅓ gr.		
Ext. Coloc. Co., ½ gr.		
Ext. Hyoscyami, ⅙ gr.		
Camphor et Hyoscyamus	50	2 25
Gum Camph., 1 gr.		
Ext. Hyos. Eng., 1 gr.		
Camphor Comp., 3 grs.	90	4 25
Gum Camph. 1 gr. Powd. Kino. 1 gr.		
Powd. Opium, 1 gr. Ex. Capsi. ⅛ gr.		
Cannabis Indica Ext., ¼ gr.	60	2 75
Cathartic Comp., U. S. P.	50	2 25
Ext. Coloc. Comp., 1⅓ grs.		
" Jalapæ, 1 gr.		
Calomel, 1 gr.		
Pulv Gambogiæ, 2-9 gr.		
Cathartic, (Vegetable.)	60	2 75
Ext. Coloc. Simp., ⅓ gr.		
Podophyllin, ¼ gr.		
Pulv. Res. Scam., ⅓ gr.		
" Aloes Socot, 1¼ gr.		
" Cardamomi, 1-9 gr.		
" Saponis, ⅛ gr.		
Carthartic Comp. (Improved) 3 grs.	60	2 75
Ext. Coloc. Comp., 1 gr.		
" Jalapæ, ⅓ gr.		
Podophyllin, ¼ gr.		
Leptandrin, ½ gr.		
Ext. Hyoscyamus, ¼ gr.		
" Gentianæ, ¼ gr.		
Ol. Menth. Pip.		
Cathart., Comp. Cholagogue	60	2 75
Res. Podophylii, ½ gr.		
Pil. Hydrarg., ¼ gr.		
Ext. Hyoscyami, ⅛ gr.		
" Nuc Vomica, 1-16 gr.		
Ol. Res. Capsici, ⅓ gtt.		
Caulophyllin, 1-10 gr.	40	1 75
Cerium Oxalas, 1 gr.	1 00	4 75
Chapman's Dinner Pills	60	2 75
Pulv. Aloes Socot.		
" Rhei Opt.		
Gum Mastich.		
Chinoidin, 1 gr.	40	1 75
" 2 grs.	50	2 25
Chinoidin Comp.	1 00	4 75
Chinoidin, 2 grs.		
Ferri Sulph. Exsic., 1 gr.		
Oleo-Resin, Pip. N. ½ gr.		
Chiretta, Ext., 3 grs.	1 50	7 25
Cimicifugin, 1-10 gr.	40	1 75
Cinchona Sulphat, 3 grs.	1 00	4 75
Cinchona Sulphat, 1⅓ gr.	60	2 75
Cinchonidia Sulph., ½ gr.	50	2 25
" " 1 gr.	70	3 40
" " 2 grs.	1 35	6 25
" " 3 grs.	2 00	9 50
Coccia	90	4 25
Res. Scamony Pure, 1 gr.		
Pulv. Aloes Socot, 1¼ gr.		
" Colocynth, ½ gr.		
Potass Sulph., ⅛ gr.		
Ol. Caryoph, ⅛ gr.		
Codia, 1-16 gr.	3 05	15 00
Colocynthidis Comp., 3 grs. (Extract Colocynth Comp. U.S.P.	80	3 75
Colocynth et Hydrarg et Ipecac.	75	3 50
Pulv. Ext, Coloc Comp., 2 grs.		
Pil. Hydrarg, 2 grs.		
Pulv. Ipecac, ⅙ gr.		
Colocynth et Hyoscyamus	75	3 50
Ext. Col. Co., 2⅓ grs.		
Ext. Hyoscyamus, 1⅓.		
Cook's 8 grs.	50	2 25
Pulv. Aloes Soc., 1 gr.		
" Rhei. 1 gr.		
Calomel, ½ gr.		
Sapon Hispan, ½ gr.		
Copaibæ, U. S. P., 3 grs.	50	2 25
Copaibæ Comp.	80	3 75
Pil. Copaibæ.		
Resin Guaiac.		
Ferri Cit.		
Oleo-Resin Cubebæ.		
Copaibæ, et Ext. Cubebæ	80	3 75
Pil. Copaibæ, 1 gr.		
Oleo-Resin Cubebæ, 1 gr.		
Corrosive Sublimate, 1-12, 1-20, 1-30 and 1-40 grs.	40	1 75
Digitalin, 1-60 gr.	75	3 50
Digitalis Comp.	50	2 25
Pulv. Digital, Eng. 1 gr.		
" Scillæ. 1 gr.		
Potass, Nit. 2 grs.		
Diuretic	50	2 25
Sapo Hispan, Pulv. 2 grs.		
Sodæ Carb. Exsic, 2 grs.		
Ol. Baccæ Junip, 1 drop.		
Dupuytren	50	2 25
Pulv. Guaiac, 3 grs.		
Hydg. Chlor. Corros. 1-10 gr.		
Pulv. Opii, ⅛ gr.		
Eccoprotic	60	2 75
Ext. Aloes Soc., 2 grs.		
" Nuc Vomica, 1-5 gr.		
Res. Podophylli, 3-16 gr.		
Ol. Caryophyl, 1-10 gtt.		
Elaterum, (Clutterbuck's) 1-10 gr.	95	4 50
Emmenagogue, (Mutter)	40	1 75
Ferri Sulph., 1½ gr.		
Aloe Socot. Pulv., ½ gr.		
Terebinth Alb., 1½ gr.		
Emmenagogue	1 40	6 75
Ergotine, 1 gr.		
Ext. Hellebore Nig., 1 gr.		
Aloes, 1 gr.		
Ferri Sulph., 1 gr.		
Ol. Sabina. ½ gr.		
Fel. Bovinum	50	2 25
Ox. Gall. 2 grs.		
Powd. Jam Ginger, 1 gr.		
Ferri	$ 40	$1 75
Pulv. Aloes Socot. ½ gr.		
" Zingib, Jam., 1 gr.		
Ferri Sulph. Exsic. 1 gr.		
Ext. Conii, ½ gr.		
Ferri, (Quevenne's) 1 gr.	50	2 25
" " 2 grs.	75	3 75
" Carb. (Vallett's) U. S. P. 3 grs.	40	1 75
" Citrat. 2 grs.	50	2 25
" Comp., U. S. P.	40	1 75
Ferri Ferrocyanid, 3 grs.	50	2 25

W. J. M. GORDON'S PRICE LIST OF SUGAR-COATED PILLS.

	Price per bottle of	
	100 each.	500 each
Ferri Iodid, 1 gr.	65	3 00
" Lactat, 1 gr.	50	2 25
" Pyrophosphate, 1 gr.	40	1 75
" Sulph. Exsiccat., 2 grs.	40	1 75
" Valer, 1 gr.	1 00	4 75
Ferri et Quas., et Nux. Vom.	75	3 50
Fer per Hydrogen, 1½ gr.		
Ext. Quassia, 1 gr.		
" Nux Vomica, ¼ gr.		
Pulv. Saponis, ½ gr.		
Ferri et Quiniæ Cit., 1 gr.	75	3 50
" " " 2 grs.	1 40	6 75
Ferri et Strychniæ	75	3 50
Strychniæ, 1-60 gr.		
Fer. per Hydro (Quevennes) 2 grs		
Ferri et Strychniæ Cit.	75	3 50
Strych. Cit. 1-50 gr. Ferri Cit. 1 gr.		
Galbania Comp. U. S. P.	50	2 25
Galbanium, 1½ gr.		
Pulv. Myrrh., 1½ gr.		
Asafœtida, 1½ gr.		
Gambogiæ Comp.	40	1 75
Pulv. Gambogiæ.		
" Aloe Socot.		
" Zingib Jam.		
" Saponis.		
Gentian Comp.	40	1 75
Ext. Gentian, ⅔ gr.		
Aloes Socot, ⅔ gr.		
Pulv. Rhei. 1⅓ gr.		
Ol. Carui, 1-5 gr.		
Gonorrhœæ	60	2 75
Pulv. Cubebæ, 2 grs.		
Bals. Copaibæ Solid, 1 gr.		
Ferri Sulph. Exsic., ½ gr.		
Terebinth, Venet., 1½ gr.		
Gelsemin, 1-16 gr.	40	1 75
" ¼ gr.	75	3 50
" ⅛ gr.	50	2 25
Helonin, 1-10 gr.	50	2 75
Hepatica	80	3 75
Pil. Hydrarg, 3 grs.		
Ext. Colocynth Comp., 1 gr.		
" Hyoscymi, 1 gr.		
Hooper, (Female Pills, 2½ grs.	40	1 75
Aloes Socot.		
Ferri Sulph. Exsic.		
Ext. Hellebor.		
Pulv. Myrrh.		
" Saponis.		
" Canellæ.		
" Zingib Jam.		
Hydrargyri, U. S. P., 3 grs.	40	1 75
" 5 grs.	50	2 25
Hydrargyri Comp.	90	4 25
Mass. Hydrarg., 1 gr.		
Pulv. Opii, ½ gr.		
" Ipecac, ¼ gr.		
Hydrarg, Iodide, ¼ gr.	40	1 75
" " ½ gr.	50	2 25
" " Rub., 1-16 gr.	40	1 75
" Iod et Opii. (Ricord's)	75	3 50
Hyd'g Iodid., 1 gr.		
Pulv. Opii., ⅛ gr.		

	Price per bottle of	
	100 each.	500 each.
Hydrastin, ⅛ gr.	95	4 50
Hyoscyamus Ext., (Eng.) ½ gr.	40	1 75
Ignatia Amara Ext., ¼ gr.	50	2 25
Ipecac et Opii, (Pul. Doveri, U.S.P. 3⅓ grs.	50	2 25
Ipecac et Opii, 5 grs.	65	3 00
Iodoform., 1 gr.	1 60	7 75
Iodoform et Ferri	2 00	9 75
Ferrum per Hyd. 1 gr. Iodoform, 1 gr		
Irisin Comp.	50	2 25
Irisin. ¼ gr. Podophyllin, 1-10 gr. Strychniæ, 1-40 gr.		
Laxative	60	2 75
Pulv. Aloes Soc., 1 gr.		
Sulphur, 1-5 gr.		
Res. Podophyll 1-5 gr.		
" Guaiaci, ½ gr.		
Syr. Rhamni, q. s.		
Leptand Comp.	1 00	4 75
Leptandrin, 1 gr. Irisin, ¼ gr. Podophyllin, ⅛ gr.		
Leptandrin, ⅛ gr.	40	1 75
" ¼ gr.	40	1 75
" ½ gr.	50	2 25
" 1 gr.	75	3 50
Lupulin. 3 grs.	40	1 75
Macrotin, 1-10 gr.	40	1 75
Magnesiæ et Rhei, (1 gr. each.)	40	1 75
Morphia Acet, ⅛ gr.	70	3 25
" Sulphate, 1-20 gr.	40	1 75
" " 1-10 gr.	60	2 75
" " ⅙ gr.	80	3 75
" " ⅛ gr.	70	3 25
" " ¼ gr.	1 00	4 75
" Valerian, ⅛ gr.	1 00	4 75
Morphiæ Comp.	1 50	7 25
Morph. Sulph. ¼ gr.		
Ant. et Pot Tart. ¼ gr.		
Calomel, ¼ gr.		
Neuralgic, (Brown Sequard.)	2 00	9 75
Ext. Hyoscyami, ⅔ gr.		
" Conii, ⅔ gr.		
" Ignat Am. ½ gr.		
" Opii ½ gr.		
" Aconiti, ⅛ gr.		
" Cannab, I. ¼ gr.		
" Stramon, 1-5 gr.		
" Bellad. ⅙ gr.		
Neuralgic, (Prof. S. D. Gross)	3 00	14 75
Quiniæ Sulph. 2 grs.		
Morphia Sulph. 1-20 gr.		
Strychina. 1-30 gr.		
Acid Arsenious, 1-20 gr.		
Ext. Aconiti, ½ gr.		
Neuralgic, (Gross) without Morphia	3 00	14 75
Neuralgic Idiopath	2 00	9 75
Ext. Hyoscyam, ⅔ gr.		
" Conii, ⅔ gr.		
" Ignat. Am. ½ gr.		
" Opii, ½ gr.		
" Aconiti, ⅓ gr.		
" Cannab. Ind. ¼ gr.		
" Stramon, 1-5 gr.		
" Belladonnæ, ⅙ gr.		

From Prof. John King, Editor American Eclectic Dispensatory, King's American Practice, etc.

"For the last five or six years I have made use a considerable quantity of Glycerin manufactured by W. J. M. Gordon, of this city, for medicinal purposes, and I have no reason whatever for complaint, as it has in every instance answered the purpose admirably. I have likewise used in my practice the leading Eclectic preparations manufactured by him, as Resin of Mandrake or Podophyllin, Leptandrin, Iridin, Aletrin, Alcoholic Extracts of Black Cohosh, as well as several Fluid Extracts, and have been much pleased with their action, as they have invariably fulfilled the indications for which they are prescribed. I therefor take great pleasure and satisfaction in recommending Mr. Gordon to the Eclectic profession as one among our many excellent manufacturers whose preparations may be relied upon."

[Signed.] JOHN KING, M. D.

	Price per bottle of	
	100 each.	500 each.
NUX, VOMICA, EXT., ¼ gr	40	1 75
" ½ gr	40	1 75
OPII, U. S. P., 1 gr	75	3 50
OPII, ET CAMPHORÆ	1 00	4 75
Pulv. Opii, 1 gr. Camphoræ, 2 grs.		
OPII ET CAMPH. ET TANNIN	1 00	4 75
Pulv. Opii, ¼ gr. Camphoræ, 1 gr. Acid Tannic, 2 grs.		
OPII ET PLUMBI ACET	75	3 50
Pulv. Opii, ½ gr		
Plumbi Acet, 1½ gr.		
PHOSPHORUS, 1-50 gr	1 00	4 75
" 1-100 gr	1 00	4 75
PHOSPHORUS COMP	1 25	6 00
Phosphorus, 1-100 gr.		
Ext. Nux Vomica, ¼ gr.		
PHOSPHORUS, IRON & NUX VOMICA	1 75	8 50
Phosphorus, 1-100 gr.		
Ferri Carb. (Vallet's) 1 gr.		
Ext. Nux Vomica, ¼ gr.		
PODOPHYLLIN, 1-10 gr	40	1 75
" ¼ gr	40	1 75
" ½ gr	50	2 25
" 1 gr	75	3 50
PODOPHYLLIN COMP	75	3 50
Podophyllin, ⅛ gr.		
Ext. Hyoscyami, ⅛ gr.		
" Nux Vom., 1-16 gr.		
PODOPHYLLIN ET BELLADONNA	75	3 50
Podophyllin, ¼ gr.		
Ext. Bellad., ⅛ gr.		
Ol. Res. Capsici, ¼ gr.		
Sacchari Lact. 1 gr.		
PODOPHYLLIN COMP., (Eclectic.)	75	3 50
Podophyllin, ⅛ gr.		
Leptandrin, 1-16 gr.		
Juglandin, 1-16 gr.		
Macrotin, 1-32 gr. Ol. Capsici.		
PODOPHYLLIN ET HYOSCYAMUS	60	2 75
Podophyllin,		
Ext. Hyoscyamus, aa ½ gr.		
PODOPHYLLIN ET HYDRARG	50	2 25
Podophyllin, ¼ gr.		
Pil. Hydrarg., 2 grs.		
POTASS BROMID, 1 gr	75	3 50
" " 5 grs	1 25	6 00
" IODID, 2 grs	85	4 00
" PERMANG. CRYST., ⅛ gr	50	2 25
QUINIÆ SULPH., ½ gr	1 10	5 20
" " 1 gr	1 50	7 55
" " 2 grs	3 30	16 25
" " 3 grs	4 40	21 75
QUINIÆ VALERIANATE, ½ gr	2 00	9 75
" " 1 gr	3 50	17 75
" " 2 grs	4 00	19 75
QUINIÆ COMP	1 75	8 50
Quiniæ Sulph., 1 gr.		
Ferri per Hydrogen, 1 gr.		
Acid Arsenious, 1-60 gr.		
QUINIÆ ET COLOCYNTH, COMP	2 25	11 00
Quiniæ Sulph., 1 gr.		
Ext. Col Comp., 1 gr.		
" Ignat. Amar., ½ gr.		
Piperino, ½ gr.		
Morph. Sulph., 1-12 gr.		
QUINIÆ ET EXT. BELLADONNÆ	1 75	8 50
Quiniæ Sulph., 1 gr.		
Ext. Belladon., ¼ gr.		
QUINIÆ ET FERRI CARB	1 75	8 50
Quiniæ Sulph., 1 gr.		
Ferri Carb. (Vallet's.) 2 grs.		
QUINIÆ ET FERRI FEROCYAN	2 25	11 00
Quiniæ Sulph., 1 gr.		
Ferri Ferrocy, 1 gr.		
Oleo-Res. Capsici, 1-20 gr.		
Gelsemin, 1-20 gr.		
Podophyllin, 1-20 gr,		
Strychnia, 1-60 gr.		
QUINIÆ ET FERRI	1 75	8 50
Quin. Sulph., 1 gr.		
Ferum per Hydrogen, 1 gr.		

	Price per bottle of	
	100 each.	500 each.
QUINIÆ ET FERRI LACT. COMP	1 75	8 50
Quiniæ Sulph., 1 gr.		
Ext. Ignati Amar., ½ gr		
Ferri Lactat, 2 grs.		
QUINIÆ ET FER. ET STRYCHNIÆ	1 75	8 50
Quiniæ Sulph., 1 gr.		
Ferri Carb. (Vallet's) 2 grs.		
Strych. Sulph. 1-60 gr.		
QUINIÆ ET FERRI ET STRYCH PHOS.	1 75	8 50
Phos. Quiniæ, 1 gr.		
" Iron, 1 gr.		
" Strych., 1-60 gr.		
QUINIÆ, IODOFORM and IRON	3 00	14 75
Iodoform, 1 gr.		
Ferri Carb. (Vallet's.) 2 grs.		
Quiniæ Sulph., ½ gr.		
QUINIÆ, VALERIANATE, ½ gr	2 00	9 75
" ET FERRIVALER, 2 grs	3 50	17 25
QUINIÆ ET HYDRARG	1 75	8 50
Quiniæ Sulph., 1 gr.		
Mass. Hydrarg, 2 grs.		
Oleo-Resin. Pip. Nig., ¼ gr.		
QUINIÆ ET STRYCHNIA	1 75	8 50
Quin. Sulph., 1 gr.		
Strychnia, 1-60 gr.		
QUINIÆ ET ZINCI. VALER	4 00	19 75
Quin. Valer. 1 gr. Zinci. Valer. 1 gr.		
RHEI, U. S. P.,	75	3 50
Pulv. Rhei., 3 grs.		
" Saponis, 1 gr.		
RHEI, COM. U. S. P	75	3 50
Pulv. Rhei., 2 grs.		
Pulv. Aloes Socot, 1½ grs.		
" Myrrh, 1 gr.		
Ol. Menth. Pip.		
RHEI ET HYDRARG	1 00	4 75
Pulv. Rhei, Mass. Hydrarg, Soda Carb. Ext. } 4 grs.		
RHEUMATIC	90	4 25
Ext. Coloc. Co., 1½ grs.		
" Colchi Acet., 1 gr.		
" Hyoscyami, ⅛ gr.		
Hyd. Chlor. Mit., ⅛ gr.		
SANTONIN, 1 gr	1 00	4 75
SALICINE, 1 gr	75	8 50
" 2 grs	1 25	6 00
SCILLAC COMP., U. S. P	50	2 25
Pulv. Scillace, ½ gr.		
" Zin. Jamaica, 1 gr.		
Gum Ammoniac, 1 gr.		
Pulv. Sapomis, 1½ grs.		
SEDATIVE	75	3 50
Ext. Sumbul, ½ gr.		
" Valerianæ ½ gr.		
" Hyoscyami, ½ gr.		
" Cannab, Ind., 1-10 gr.		
SILVER NITRATE, ¼ gr	75	3 50
SILVER IODIDE, ¼ gr	75	3 50
STOMACHICæ, (Lady Webster's Dinner Pills.) 3 grs	50	2 25
Pulv. Aloes Socot,		
Gum Mastich. Flor. Rosæ.		
STRYCHNIÆ, 1-20, 1-30, 1-40, 1-50, 1-60 gr.	40	1 75
SYPHILITIC	1 00	4 75
Potass. Iodid., 2½ grs		
Hyd'g Chlor:. 1-40 gr.		
TART EMITIC, 1-20, 1-10, ¼ gr	40	1 75
TONIC	60	2 75
Ext. Gentianæ, 1 gr.		
" Humuli, ½ gr.		
Ferri Carb. Sacch., ¼ gr.		
Ext. Nux Vomica, 1-20 gr.		
Res. Podophylli, 1-25 gr.		
Ol. Res. Zingiber, 1-10 gtt.		
TRILLIN, 1-10 gr	50	1 25
TRIPLEX	75	3 50
Aloes Socot, 2 grs. Pil. Hydrarg, 1 gr. Podophyllin, ¼ gr.		
VERATRIA SULPHATE, 1-12 gr	1 25	6 00
ZINCI VALERIANATE, 1 gr	1 00	4 75

W. J. M. GORDON'S FLUID EXTRACTS.

	Per Pint.
Aconite Leaves, *Aconitum Napellus*	$1 90
" Root, " "	2 00
Agrimony, *Agrimonia Eup*	1 75
Aletris, *Aletris Far*	2 25
Aloes	2 75
Allspice, *Eugenia Pimenta*	2 00
Ampelopsis, *Ampelopsis Quinq*	2 00
Am Valerian, Lady's Slipper, *Cypripidium*	2 25
Angelica Root, *Angelica*	1 25
Angustura Bark, *Gilepia Off*	4 00
Anise Seed, *Pimpinella Anisum*	3 00
Apple-tree Bark, *Pyrus Malus*	1 60
Arnica, *Arnica Montana*	1 75
Arnica Root	2 25
Aromatic	2 25
Asparagus, *Asparagus Off*	1 25
Ash, Black, *Fraxinus Samb*	2 00
Ash, White, *Fraxinus Acum*	2 00
Avens Root, *Geum Rivale*	1 50
Balsam Fir, *Fucus Vesic.*	1 50
Balm, Sweet, *Melisa*	1 25
Balm Gilead	1 50
Balmony, *Chelone Glabra*	1 25
Barberry Bark, *Berberis*	1 25
Bayberry, *Myrica Cerafira*	1 25
Bayberry Comp., *Myrica Cerafira*	1 25
Bearsfoot, *Polymnia Ured*	4 00
Belladonna *Atropa Belladonna*	2 50
Belladonna Root, *Atropa Belladonna*	2 50
Beth Root, *Trillium*	1 75
Bitter Root, *Apocynum Andros.*	2 50
Bittersweet, *Dulcamara*	1 50
Bladder Root	4 50
Black Alder, *Rinos Vertic*	1 50
Black Haw, *Viburnum Prun.*	1 75
Blackberry Root, *Rubus Villosus*	1 55
Black Cohosh, *Cimicfuga*	2 00
Black Cohosh Comp	2 00
Black Hellebore, *Helleborus Niger*	1 75
Black Pepper, *Piper Nigrum*	1 75
Bloodroot, *Sanguinaria Canad*	1 75
Blue Cohosh, *Caulophullum*	1 50
Blue Cohosh Comp	2 00
Blue Flag, *Iris Versicolor*	1 75
Boneset, *Eupator Perfol*	1 25
Boxwood, *Cornus Florida*	1 50
Broom Tops, *Scoparius*	1 75
Bryonia, White, *Byronia Alb*	2 50
Buchu, *Barosma*	2 50
" Comp	2 50
Buchu and Pareira Brava	3 50
Buckthorn, *Rham Cath*	1 50
Buckthorn Berries	1 50
Buckthorn Brake, *Osmunda Regalis*	2 00
Bugleweed, *Lycopus Virginica*	1 50
Burdock, *Lappa Minor*	1 50
Burdock Seed	1 50
Butternut, *Juglans*	1 25
Button Snake Root, *Liatra Spicata*	1 50
Buckthorn Bark, *Rhamnus Frang*	2 00
Cactus Grandiflora	13 00
Caenothus, *Americana*	2 00
Calabar Bean	6 00
Calamus Root	2 00
Calendula Flos	4 00
Cancer Root, *Orobanche Virginia*	2 25
Canella, *Canella Alba*	1 50
Cannabis Indica	3 50
Cantharides	5 00
Caraway Seed	3 00
Cardamon Seed	7 50
Cardamon Seed Comp	3 00
Carpenter Square, *Scrophularia Mar*	1 75
Castor Leaves, *Ricinus Comm*	5 00
Cascarilla, *Croton Eleuteria*	1 00
Castor Oil Bean	2 00
Castor Oil Bean Ar	5 00
Cassia, *Cinnamomum*	3 00
Catnip, *Nepeta Cataria*	1 25
Catechu	2 00
Cayenne, *Capsicum*	3 00
Centaury, Red, *Sabbatia*	1 50
Chamomile, *Anthemis*	1 75
Checkerberry, *Mitchella Repens*	1 25

	Per Pint.
Cherry Bark, Wild, *Prunis Virg*	1 75
" " Comp "	1 75
Chestnut Leaves, *Castanus Americanus*	2.00
Chiretta, *Agath Chir.*	4 00
Cinnamon Bark, "Ceylon," *Cassia*	3 00
Cinchona Aromat	4 25
Cinchona, Cal. U. S. P.	4 25
" Comp	2 50
" Pallid	2 50
" Rub	4 25
Cleavers, *Gallium*	1 25
Cloves, *Caryophyllus Arom*	2 00
Clover Heads, *Trifolium Pratense*	2 00
Coca, *Erythroxylon Coca*	7 50
Cochineal, *Coccus Cacti*	4 00
Coffee, *Coffea Arabica*	3 00
Colchicum Root, *Colchicum Autumnale*	2 00
Colchicum Seed, *Colchicum Autumnale*	2 75
Collinsonia, *Collinsonia Can*	1 75
Colocynth, *Colocynthis*	2 25
Colocynth Comp	2 25
Columbo, *Cocculus Palmatus*	2 50
" Amer., *Frasera*	1 75
Coltsfoot, *Tussilago*	1 50
Comfrey, *Symphytum*	1 50
Condurango	4 00
Conium, *Conium Maculatum*	2 00
Conium Seed, *Conium Mac.*	2 50
Coriander Seed, *Coriandrum Sativum*	2 00
Cotton Root Bark, *Gossypium Herbaceum*	3 00
Cramp Bark, *Viburnum*	1 50
Cranesbill, *Geranium Maculatum*	1 75
Crawley	3 50
Cubebs, Alcoholic, *Cubeba*	2 50
" Etherial, *Oleo-resinal*	7 35
Culver's Root, *Leptandra Virg*	2 00
Celery Seed	3 00
Couch Grass, *Triticum Rep*	2 00
Damiana	6.00
Dandelion, *Taraxacum*	2 00
" Comp	2 00
" and Senna	1 75
Dewberry Root, *Rubus Trivialis*	1 50
Deer Tongue, *Liatris Odor*	2 00
DogWood, *Cornus Flor*	1 25
Dragon Root, *Arum Triphyllum*	2 50
Dwarf Elder, *Aralia Hispida*	1 25
Evening Primrose, *Oenothera Bien.*	4 00
Elder Flowers, *Sambucus*	1 50
Elecampane, *Inula*	1 25
Ergot and Cotton Root	3 50
Ergot Acet, *Secalecornutum*	5 00
Ergot, *Ergota*	5 00
Ergot Etherial	6 00
Eucalyptus, *Globulus*	4 50
Euphrasia, *Euphrasia Off*	1 75
False Unicorn Root, *Helonias Dioica*	3 00
Fennel Seed, *Foeniculum Vulgare*	2 00
Fern, Sweet, *Comptonia*	1 25
Fever Bush, *Benzoine Odoriferum*	1 75
Fever Tree, *Eucalyptus Glob*	6 00
Feverfew, *Pyrethrum*	1 25
Figwort	1 75
Fireweed, *Erechthites*	1 50
Fleabane, *Erigeron*	1 50
Foxglove, *Digitalis*	1 75
Fringe Tree, *Chionanthus Virg*	3 00
Frostwort, *Helianthemum*	1 50
Galls, *Galla*	2 75
Garden Celandine, *Chelidonium*	1 50
Garlic, *Allium Sativum*	2 00
Gelseminum, *Gels. Semp*	2 50
Gentian *Gentiana Lutea*	1 50
" Compound	1 75
Ginger, *Zingiberis*	2 25
Golden Rod, *Solidago*	1 25
Golden Seal, *Hydrastis*	2 00
Gold Thread, *Coptis*	1 75
Gravel Plant, *Epigea Repens*	1 75
Greek Valerian	1 75
Guaiac Wood, *Guaiacum Off*	1 50
Guarana, *Paullinia Sorbilis*	10 00
Grindelia Robusta	4 00
Hardhack, *Spiraea Tomentosa*	1 25

W. J. M. GORDON'S PRICE LIST OF FLUID EXTRACTS.

	Per Pint.
Hellebore, American, *Veratrum Viride*	$2 00
“ Black, *Helleborus Nig*	1 75
“ White, *Veratrum Alb*	2 00
Hemlock, *Pinus Canadensis*	1 25
Henbane, *Hyoscyamus*	2 50
High Cranberry, *Viburnum Opulus*	1 50
Hoarhound, *Morrubium*	1 50
Hops, *Humulus*	2 50
Horse Radish, *Cochlearia Armor*	2 00
Horsemint, *Monarda*	1 50
Hydrangea, *Hydrangea Abariscens*	1 75
Hyssop, *Hyssopus*	1 50
Ignatia Bean, *Ignatia Amara*	3 50
Indian Hemp, *Apocynu Canap*	2 00
“ “ Foreign, *Canabis Indica*	3 50
“ “ White, *Asclepias Inc*	1 75
“ Physic, *Gillenia Trifoliata*	1 25
“ Turnip, *Arum Triph*	1 50
Ipecac, American, *Gillenia*	1 50
Ipecac, *Cephaelis Ipecacuanha*	6 00
“ and Seneka	6 00
Jalap, *Jalapa*	4 00
Jersey Tea, *Ceanothus Armor*	1 50
Jaborandi, *Pilicapus Pimatus*	7 50
Johnswort, *Hypericum*	1 25
Juniper Berries, *Juniper is Communis*	1 25
Kino	2 00
Kousso, *Brayera Anthelmintica*	7 50
Ladie's Slipper, *Cypripedium Pubescens.*	2 25
Larkspur Seed, *Delphinium Consoida*	1 00
Laurel Leaves, *Kalmia*	1 75
Lemon Peel, *Citrus Limonum*	1 25
Lettuce, *Lactuca Sativa*	1 50
Licorice, *Glycyrrhiza Glabra*	1 50
Life Root, *Senecio Aureus*	1 50
Lily White, Pond, *Nymphaea*	1 25
Liverwort, *Hepatica Americana*	1 50
Lobelia, *Lobelia Inflata*	1 75
Lobelia Seed, *Lobelia Inflata*	2 50
“ Comp	1 75
Logwood, *Hæmatoxylon*	1 25
Lovage, *Ligusticum Levisti*	1 50
Lungwort, *Pulmonaria*	1 50
Lupulin, *Lupulina*	3 50
Lupulin, Comp	3 00
Malt	2 00
Myrrh	2 00
Mace, *Myristica Fragrans*	5 00
Maidenhair, *Adiant Ped*	1 50
Male Fern	1 50
Mandrake, Comp	1 75
Mandrake, *Podophyllum*	1 75
Marsh Mallow, *Althaea Off*	1 50
Marsh Rosemary, *Statice Limonum*	1 25
Masterwort, *Heracleum Lanatum*	2 00
Matico, *Artanthe Elongata*	3 60
Mezereon Bark, *Mezereum*	2 00
Motherwort, *Leonurus*	2 00
Mountain Ash Bark, *Sorbus Aucup*	1 50
Mugwort, *Artemisia*	1 25
Musk Root, *Sambul*	5 50
Mullein Leaves, *Verbascum*	1 25
Nettle, *Urtica Dioica*	1 50
Nutgalls, *Gala*	1 50
Nutmeg, *Myristica*	6 00
Nutmegs *Myristica Frag*	6 00
Nux Vomica, *Strychnos Nux Vomica*	2 25
Oak Bark Red, *Quercus Rub*	1 25
Opium, Aqueous, *Strength of Laudanum.*	3 50
“ Deodorized	3 50
Orange Comp., *Aurant Cort*	3 60
Orange Peel, *Aurantium*	1 50
Orange Peel Bitter, *Citrus Vulgaris*	1 50
Orris Root, *Iris Flor*	1 75
Pareira Brava, *Cissampelos Pareira.*	4 00
Parilla Yellow, *Menisp. Can.*	1 40
Patridge Berry, Comp	1 50
Patridge Berry, *Mitchella Repens*	1 75
Peach Tree Bark, *Amygdalus Persica*	1 50
Pellitory, *Pyrethrum*	2 00
Pennyroyal, *Hedeoma Pulegioide*	1 50
Peppermint, *Mentha Pepperita*	1 25
Peach Leaves, *Amygdalus Persica*	1 75
Peach Pits, “ “	3 00

	Per Pint.
Pink Root, Comp,	2 50
“ “ *Spigelia Marilandica*	2 50
“ “ and Senna	2 00
Pipsissewa, *Chimaphila Umb*	1 50
Pitcher Plant, *Sarracenia Purpurea*	2 50
Plantain Leaves, *Plantago Major*	1 50
Pleurisy, *Asclepias Tub*	2 00
Poke Berries, *Phytolacca Bacca*	1 75
Poison Oak, *Rhus. Tox.*	3 00
Poke Root, *Phytolacca Dec*	1 50
Poplar Bark, *Populus*	1 25
Poppies, *Papaver Somniferum*	1 75
Pomegranate Bark, *Punica Granatum*	3 00
Pond Lilly, *Nymphæa Odorata*	1 25
Prickly Ash, *Xanthoxylum*	1 75
“ Berries, *Xanth. Bacca*	3 00
Ptelea, *Ptelia Trifoliata*	2 00
Pulsatilla	2 50
Pumpkin Seeds, *Cucurbita Pepo*	3 00
Quassia, *Simaruba Excelsa*	1 50
Queen of Meadow, *Eupatorium Purp*	1 50
Raspberry Leaves, *Rubus Strig*	1 50
Red Root, *Ceanothus Amer*	2 00
Red Saunders, *Santalinum Rubrum*	1 25
Rhatany, *Krameria*	2 00
Rhubarb, *Rheum*	5 00
“ Aromatic	4 75
“ and Potass	4 00
“ and Senna	4 00
Rosin Weed, *Silphium*	3 00
Rue, *Ruta Gravolens*	2 00
Saffron, *Crocus Sativus*	4 00
Sage, *Selvia Officinalis*	1 50
Sarsaparilla, Amer	1 50
“ Compound	2 25
“ *Smilac*	2 25
“ *for Syr. Sarsaparilla Comp.*	2 25
“ and Dandelion	2 50
Sassafras, *Sassafra.. Offic*	1 50
Sandal Wood, *Santaluno Alb*	5 00
Savin, *Juniperus Savina*	1 50
Savory, *Satureia Hortensis*	1 50
Scull Cap, *Scutellaria*	2 25
Scullcap, Comp	1 75
Senecio, *Senecio Grac*	1 50
Seneka, *Polygala Senega*	4 90
Senna, *Cassia Acutifolia*	1 50
“ Compound	2 00
“ and Dandelion	1 40
“ and Jalap	3 00
“ and Rhubarb	4 70
Sheep Laurel, *Kalmia Lat*	2 00
Silkweed, *Asclepius Syr*	2 00
Simaruba, *Simaruba Offic*	3 30
Skunk Cabbage, *Dracontium*	1 50
Snake Root, Virginia, *Serpentaria*	3 00
Soap Tree Bark, *Quillaga Sapon*	2 00
Soapwort, *Saponaria*	1 50
Solomon's Seal, *Conv. Polygonatum*	1 50
Southernwood, *Artem Abrotanum*	1 50
Speedwell, *Veronica Off*	2 00
Spearmint, *Mentha Viridis*	1 25
Spicewood Berries, Comp	3 00
Spikenard, *Aralia Racemosa*	1 50
Squaw Vine, *Mitchella Rep*	2 00
Squill, *Scilla Maritima*	1 50
“ Compound	3 00
Staphysagria	4 50
Star Grass, *Aletris*	2 00
Stillingia, *Stillingia Silvatita*	2 50
“ Compound	2 50
Stone Root, *Collinsonia*	1 75
Stramonium Leaves, *Stram Fol.*	1 75
“ Seed	1 75
St. John's Wort, *Hypericum*	1 55
Sumach, *Rhus Glabram*	1 25
Sumach Berries, *Rus Glabram*	1 25
Summer Savory, *Satureja Hort*	1 50
Sundew, *Drosera Rotundifolia*	4 50
Sunflower Seed	1 75
Sweet Fern, *Comptonia Asp*	1 00
Sweet Flag, *Acorus Calamus*	1 50
Sweet Gale, *Myrica Gale*	1 50
Tag Alder, *Alnus Rubra*	1 25

FIRST PREMIUM AWARDED IN 1874.

		Per Pint.
Tamarac Bark, *Larix Amer*		2 00
Tansy, *Tanacetum*		1 25
Thimble Weed		1 75
Thoroughwort, *Eupator Perfol*		1 25
Tayme, *Thymus Vulgaris*		1 25
Tobacco, *Nicotiana Tabac*		2 00
Tonka Bean, *Dipterix Odorata*		3 00
Tormentilla, *Potentilla Tormentilla*		2 00
Trailing Arbutus, *Epigæa Repens*		2 00
Turkey Corn, *Corydalis*		3 00
Turmeric, *Curcuma Longa*		1 25
Twin Leaf, *Jeffersonia Diph*		1 50
Unicorn Root, *Aletris*		3 00
Uva Ursi, *Arctostaphylos*		1 50
Valerian, *Valerian Offic*		2 00
Veratrum Viride		2 50
Vervain, *Verbena Offic*	"	1 25
Wahoo, *Euonymus.*	"	2 25
Water Pepper, *Polygonium Punc.*	"	1 25
Watermelon Seed, *Curcubita Citrullis*	"	1 25

		Per Pint.
White Oak Bark, *Quercus Alba*	"	1 00
White Poplar Bark, *Populous Trem*	"	1 50
Whitewood Bark, *Liviodendron*	"	1 25
Wickup, *Epilobrium Pal*	"	2 50
Wild Ginger, *Asarum*	"	2 00
Wild Indigo, *Baptista Tinct*	"	1 50
Wild Turnip, *Arum Triphy*	"	1 25
Wild Yam, *Diosconea Vilosa*	"	1 50
Willow Bark, *Salix*	"	1 25
Wintergreen, *Gaulteeri Proc*	"	1 50
Witch Hazel, *Hamamelis Virg*	"	1 50
Witch Hazel Leaves, *Hamammels Virg*	"	1 50
Wormseed, *Chenopodium*	"	1 20
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Yarrow, *Achillea Millefol*	"	1 25
Yellow Dock, *Comp*	"	1 50
Yellow Dock, *Rumex Crispus*	"	2 00
Yellow Jessamine, *Gelsenium*	"	2 50
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Yerba Santa, *Eriodyction Glutin*	"	4 50

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Lobelin, from Lobelia	"	2 60
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Lupulin, from Hops	"	1 00
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THE

CINCINNATI MEDICAL NEWS.

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ORIGINAL CONTRIBUTIONS.

The Treatment of Idiopathic Headaches.

BY E. A. COBLEIGH, M. D., ATHENS, TENN.

HAVING now, in a general way, pursued our subject through its divisions of pathological classification, etiology, and phenomena, we come to that position of it wherefor all the others are studied. I refer to treatment. And when I touch on this, I enter a field full of failures—generally admitted to be very unpromising, and affording wide latitude for improvement.

Such has been our success, as a profession, in the therapeutics of headache, that not only our own confidence in the value of our remedial resources, but that of the public as well, has shaken and ofttimes been utterly destroyed. The people knowing, from experience, the inefficacy of our drugs as too often used, and the intrinsic tendency of a vast majority of paroxysms of cephalalgia to spontoneous recovery, after a comparatively brief continuance, to a large extent repudiate *in toto* our abilities in this direction. They resort to domestic remedies—to the cathartics, emetics, counter-irritants, etc., of our books —the old stereotyped plans of treatment, which have become not only venerable from age, but of world-wide notoriety. Or, equally as often, they "grin and bear it," because frequent failures to procure relief, by many and various methods, have destroyed their faith in human abilities to cut short an attack. And so, too, the medical graduate, just entering the lists of active practice, meets case after case of cephalalgia, confident of his powers to cure; he tries one after another of the vaunted specifics, meets inglorious success, becomes disgusted, and even dreads to have a headache present for treatment. When the inevitable comes, he, too, falls into the routine courses of therapeutics, or leaves the neurosis to pursue its uninterrupted progress while the sufferer swallows his placebos; or, lastly, he resorts, in his desperation, to a wide series of experimentation with agents not "laid down in the books," until he discovers a new specific (!) or convinces himself that headaches are incurable.

Ought this to be so? By no means. Our cardinal principle in medicine should be to assist nature in recovery as fast as possible (for the term cure is inadmissible outside of surgery, if we seek to be literally correct); and, when this end can not be attained, we owe it to ourselves and our patients to mitigate suffering, or retard the progress of disease to the utmost extent within our power. Happily, there are some who act on this doctrine; and by their labors we gain, from year to year, new knowledge of the subject, better appreciation of what needs to be done, and suggestions which are already yielding more satisfactory results in cephalalgic therapeusis.

Few cases of idiopathic headache present for treatment which can not be materially relieved, if not entirely eased of pain, in a reasonable length of time. But success depends exclusively on a full cognizance of the existing head states, and the adaptability of remedial measures to rectify abnormalties there. Promiscuous medication is worse than useless; routine treatment, like a shot in the dark, more apt to miss than to prove effective; and, where the pathological condition is manifested so clearly as to fall within our powers of recognizability and relief, non-interference becomes culpable.

Perhaps I may suggest nothing in the least novel, in my present paper, as to what remedies we can use. But, perchance, my reasoning as to the *modus operandi*, and applicability of those already known and used, may be new to at least some of my readers, whether original with myself or not.

When I use the term cure in the course of my article, the reader will please bear in mind that I only use it, where unqualified, in a relative sense. When I speak of a cure of headache, I refer simply to the single attack of which I am treating, not to that peculiar dyscrasia which renders its victim an easy prey to frequent returns of the same affection. To mitigate or dispel the neural anguish of a paroxysm of cephalalgia, and to radically change the individual so that the ordinary causes of such a state no longer produce their usual effect on him, are two radically different things. While the one may often prove a trifling accomplishment, the other requires powers which are seldom attainable by us, with our best efforts. The former can, in most cases, be accomplished; while the latter is of rare frequency.

There are two courses which may be pursued in an ordinary headache, whatever its nature or etiology; 1st, remove the cause; 2d, anæsthetize the nerves, so that the cause may not, through them, be productive of pain. The first plan is that, *par excellence*, to be adopted, ALWAYS, when possible; and not only in cephalalgia, but in the treatment of every morbid condition with which we cope as physicians. To remove the cause of bad health, of actual disease, of altered function or structure—aye, of death itself, so far as human means can do it—is the one great object of our science and art. Everything is absorbed in this, our whole fight is in this direction; all else are but side-issues, collateral in their nature, or necessitated by failure, in whole or in part, to attain the primary and absorbing *ultimatum* of our labors.

If, then, we adopt it, as a cardinal rule of action, to seek out the source from which a headache flows, having found it, the next duty is plainly to abolish that source. The cause once removed, further necessity for remedial interference on our part generally does not happen. Nature, unassisted, is adequate to restore the systemic balance in a reasonable length of time, doing it better and surer, without our goading or meddling, than we could possibly do it ourselves. Sometimes, however, her powers have been so long held in abeyance by the operation of that cause which, primarily, set up disturbance, that they seem to really need assistance ere their usual vigor can display itself. Here we are forced to go a step further with our remedies. We have obeyed the injunction of our teachers, the cause is removed, and yet reaction proves tardy or wholly wanting. What is wrong? The original source of mischief has caused other pathological states to spring into existence, which act as secondary causes for the perpetuation of disturbances. Here we must not only take away the cause of primal irregularity, but are forced, also, to treat co-existing evils ere our cephalalgia will cease. In these two propositions, then, is embodied the plan of therapeutics that should always obtain with us in headache, when practicable—removal of the main cause; proper attention to resultant complications.

But what about the second plan mentioned? Simply this: it should never be resorted to alone, when the first can be put into practice. To obtund those agents of pain—the nerve centers and filaments—is by no means bad practice, even at the beginning of treatment, and when the cause of pain is both cognizable and capable of removal, provided such course be conjoined with the speedy taking away of said cause. But it is bad practice if the physician lets himself rest contented, after producing nervous anæsthesia, and fails to do more. There are cases, however, where simple deadening of the nerves is justifiable and to be recommended, where it may prove the only rational course to be pursued, and where the practitioner may feel that he has done all that could reasonably be demanded of him. I refer to those instances which elude our most rigid search for etiological information, where vigilance, close scrutiny, patience, and experience all fail to elucidate the problem of origin, and, oftentimes, even of pathology. Here we are at sea; landmarks are wanting; our detective powers are at bay; the subtile agent of disease baffles our best skill, and circumstances beyond our control conspire to show us our ignorance, taunt our abilities, and render unsound our judgment. Here there is pain, often intolerable. We can not refuse to extend some kind of aid to the sufferer, and we are utterly unable, unless by blind experiment and a favoring "chance," to remove that which is giving rise to the agony. What do we decide on? That plan which we see to be the most rational, all things considered. We cut off the sensibility of the sufferer to his pain, and thus enable him to bear up until nature has time to cast off the cause of irritation, or so far accustom herself to its action that he ceases to be disturbed thereby. Each of the two plans of treatment that I have discussed will be readily recognized as applicable to all of the varieties of headache considered in my previous theses. And, because of their ready applicability, they may be designated general plans. So plain are their indications that they would suggest themselves naturally to the enlightened and scientific physician; and so simple as, perhaps, to have scarcely deserved mention by me. But their importance is vast, pivoting the levers of success and failure; and so intimately concerning my subject, that an omission to mention them would have seemed an unpardonable oversight.

With these general principles impressed forcibly upon our minds, we may turn to the consideration of such special measures as are applicable to the four varieties of cephalalgia. And, now, it becomes necessary to abridge the uses of what we may mention as remedial agents; because generalization is already set forth in every particular that extends to all the classes of our present division of headaches, and the remaining observations can only apply, separately, to the several individual varieties. Let us, then, take up the classes in the order of their previous consideration. This brings us to hyperæmic headaches, including both active and passive. There is a natural and necessary subdivision of this variety, as indicated by the above terms, for purposes of treatment. While an engorged state of the cephalalgic region obtains in both, the symptoms vary considerably, as set forth in my last article, and the methods of relief, to be efficacious, must, to a certain degree, be radically different. First, then, I will discuss active hyperæmia, or determination of blood to the part. In well-marked cases the diagnosis is not difficult, while in those of less severity it may be. In the former, symptoms of fullness, distension, pressure, are so pronounced as to point at once to the indications for treatment, viz: keep the blood as much as possible from the head. If the attack has come on suddenly, from sun-heat, excitement, injury, passion, from the reaction of fright, or from any other obvious cause of like nature, the patient must at once be removed beyond the further influence of said excitant, where possible, and shielded from its continued operation. Rest is one of the very best remedies for active hyperæmia, the head being elevated and cold applied. Sometimes warmth proves most agreeable, soothing the tense, hot surface, and equalizing the circulation more rapidly even, and with less unpleasant shock, than cold. Very hot applications, in this variety of pain, do no real good, though they frequently relieve the suffering, while applied, by overwhelming the sensation of pain through the sensation of tingling which they produce. Their removal, however, is generally followed by an aggravation of torment.

While general bleeding would undoubtedly afford prompt relief in not a few of these extreme cases, the remedy is too severe for recommendation, where spontaneous recovery would so soon occur anyway, and where permanent damage is not ordinarily to be looked for. Bear in mind that I am intending my remarks to apply mainly to idiopathic headaches—those non-dependent on disease elsewhere in the body. But while general bleeding may not often be advisable, local abstraction of blood might, with propriety, be resorted to much oftener than it is, and with happy results. A few leeches, or cupping, in the neighborhood of the seat of pain, yet far enough distant to have more or less revulsive action, will surprise the great mass of practitioners who do not employ this treatment, by the prompt and efficient ease produced. Actual blistering, in ordinary acute cases, is another measure too severe for indiscriminate use. The irritation of the blister not unfrequently aggravates the pain, increases general nervousness, and does positive harm. There are some cases, however, where the agony is not intense, but is long continued, that are decidedly benefited by vesication. These may be properly called chronic, and, in using blisters, it is always best to apply them far enough away from the seat of pain to prevent increasing the flow of blood in that direction, yet sufficiently near to have a certain amount of depletory action. But by far the best, and most universally applicable, method of counter-irritation is by baths. Where conveniences exist for it, putting the patient in a bath-tub, and bathing him all over, is efficacious. The temperature of water used may be such as to either give a cool, warm, or hot bath, according to the preference of the patient and the effect produced. In the first case sedation follows a lowering of vital energy, and, if reaction be carefully prevented, a complete and lasting relief often results. In the second case general relaxation is secured, the circulation equalized, internal congestions dissipated, perspiration induced, and relief follows in that way. The hot bath is more limited in its utility, and not so generally applicable. Here the first effect is stimulation. Wherefore, only in those instances where decided local congestion of the encephalon is associated with torpid circulation elsewhere over the general system, and especially of the surface, is its employment serviceable. The effect of bathing should be carefully noted, and the kind of bath, as well as the length of time it is to be used, must be decided thereby. In all cases it is well to study the patient, and watch him as to the influence of remedial measures suggested, where this can be done. Thus we find, when the paroxysms are recurrent, what peculiar line of treatment is best adapted to his particular necessities, and can lay our rule better for future conduct, though by this remark I do not intend to advocate blind and persistent experimentation. Lastly, when immersion is impracticable, its best substitute is a warm or hot pediluvia, or dry heat by bricks, bottles, etc., to the extremities. The foot-bath often relieves temporarily, only to be followed by intensification of pain on its discontinuance. Under such circumstances it must be repeated as often as reaction threatens.

My experience with stimulating local applications, and constriction by tight bandages, is not favorable to their general use in this variety of headaches. Though often pleasantly borne for a short time, they have usually been followed by reaction in my hands, either during their continuance or immediately after removal, and this reaction seemed more intolerable than the original pain. Their effect seems to me to be mostly that of a new impression, swallowing up the patient's attention for a time, and thus absorbing his previously existing anguish, only to cease their operations as the brain accustoms itself to them. That they do good, in a certain proportion of cases, can not, however, be denied, and I occasionally resort to them where such results have been demonstrated by previous experience in individual instances.

What I have said applies to the more pronounced cases of active hyperæmic cephalalgia. Of course, in milder attacks, the method and activity of treatment must be graduated according to the severity of symptoms. Now what of internal medication? The indications are plain. By action through the nervous system diminish the force and rapidity of the circulation. This may be done by equalizing the blood-flow throughout the entire system, thus depriving the cerebrum of its temporary surplus. What, it may be asked, have we in the way of drugs by which to accomplish this object? That depends on the character of the congestion—whether arterial or capillary.

In the former case we may resort to gelseminum, digitalis, bromide of potassium, aconite, veratrum, etc. In the latter, not only can some of these medicines be usefully employed, but we have others equally applicable, as belladonna, ergot, strychnia, if the case be chronic and time allowed for its action, quinia, etc. Chloral, too, is a valuable remedy in active hyperæmia, properly used, and with due caution; for, while it undoubtedly gives rise to a state of venosity of the cerebrum, it also prevents the over-stimulation caused by undue arterial flow, and retards the flow itself to a certain extent. Antimony, ipecacuanha, and other emetics, relieve arterial tension, if not carried beyond the point of nausea, and thus act beneficially; but vomiting is to be avoided in most cases, as tending to aggravate the pain. Long, deep inspirations, too, occasion cerebral anæmia, and may be recommended, but will seldom be properly attended to by the patient, as they require considerable effort, so much shunned by cephalgic sufferers.

Of the drugs mentioned above, one alone may be used, or several can be combined, according to the indications of the case. Generally their employment ought to be collateral to the use of those measures, not strictly medicinal, which we have previously considered. Opiates, and their kindred articles of the materia medica, which have an inherent tendency to cause cerebral congestion, should, as a rule, be scrupulously avoided. Hydragogue cathartics in chronic cases are sometimes admissible, but the necessity of motion to evacuate the bowels in severe acute cases, not complicated with overloaded stomach or intestines, renders them undesirable remedies. The simple eating of a moderate meal, where the cerebral hyperæmia is slight, and perhaps exclusively capillary, especially if the food be well spiced, not unfrequently proves a pleasant and efficient method of revulsion. Coffee, tea, and excitant drugs, are mostly contraindicated.

I have dwelt thus at length on the treatment of active cerebral hyperæmia, as giving rise to headaches, because it is one of the most frequent, if not, indeed, the commonest variety of cephalalgia falling under our notice. Not that it is always, when occurring, the only abnormal brain state; but, if not so, it is very often intermixed with one or other of the remaining varieties, and demands attention at our hands. Therapeutical measures must be altered to suit each case, whether that be an uncomplicated one, or of a mixed variety. So I suggest no formulæ for the administration of drugs, nor, indeed, have I even attempted to mention all of the remedies that can be used in hyperæmic headaches. The thinking physician will readily find others suggesting themselves, and can construct his own prescription at the bedside far better than to attempt following any suggestions of mine, of a stereotyped character.

Passive hyperæmic cephalalgia will now but briefly engage our attention, for the ground already gone over partly covers the present subject. Here perfect rest and quietude are less essential; and, indeed, many cases are benefited by exercise, the general circulation being equalized and stimulated thereby. Tonic medicines, to enable the nervous system to surmount circulatory obstacles; counter-irritation, leaving the cerebrum partially anæmic; position, assisting in the same result; hot baths, etc., are the main resorts of the practitioner. This is one of the varieties in which stimulating local applications really do good. In short, *the* indication in this kind of congestion is to elevate the vital forces. Headaches of the present sub-variety, dependent on mechanical obstruction, belong in the symptomatic group, and are outside of the scope of my essay; and it is manifestly demonstrable that nothing short of a removal of the impediment to free circulation can, in any permanent manner, prove of service in their treatment.

Idiopathic headaches, of true anæmia, for reasons set forth in my first article, occur much more rarely than those of an opposite condition. Here the brain and its appendages positively lack, not only proper nutriment, but actual blood. When the condition is readily recognizable, the indication for treatment is obvious—*more blood*. Posture is all-important. The head must be low. Here opiates come emphatically into play, and do excellent service. Rest is, as a rule, instinctively sought, and it is a good thing so to happen, for active exercise would more effectually drain from the brain its already inadequate blood-supply, and render it still more unfit and unable to exercise its normal control over the rest of the body. Stimulant drinks, as coffee and tea; general stimulating medicines—capsicum, alcoholics, etc.; local stimulants (and this is their place above all others); cardiac tonics, when the heart is at fault; neural tonics, when the nervous system merits the blame; nitrite of amyl, the ethers, and measures to equalize arterial tension—all these are not only applicable, but urgently demanded.

Toxæmic cephalalgias form a large and important group. Here, again, for purposes of effective treatment, we must subdivide the class into lesser groups. Of these there are three: First, plethora, or super-abundance of nutritive elements; second, spanæmia; third, true toxæmia, or the actual existence in the blood of ingredients foreign to its general composition, either in their presence alone, or in their relative quantity. In plethoric cases, at the time of attack, the great remedy is free venesection, aided by sedatives to lower the circulation. Where the headache is chronic. and between the paroxysms in other cases, occasional bleeding when advisable, abstemiousness as to diet and drinks, hydragogues and hard labor (which will fatigue and cause the free appropriation of nutritive material). are the measures on which to rely. In spanæmic cases we must only hope to achieve success by building up the depraved blood. Here generous diet, and iron, together with other general tonics—quinia, arsenic, the bitter infusions of tinctures—and close hygienic attention, are our sheet-anchors. The last subdivision is the comprehensive one. In it we find uræmia, cholesteræmia, alcoholæmia, if you please, and a host of other "æmias," each deserving particular attention. There are three indications as regards the medication of this group. First, neutralize the poison as it circulates in the system, by administration of appropriate antidotes; second, cause its elimination by the various systemic emunctories as rapidly as possible; third, so tone up the system as to enable it to bear, unaffected, the presence of the offending materies morbi. My space does not admit of specification under this head, the subject being too extensive for the limits of a magazine article. I will only say that here is the field for specific quinia medication in malaria, potassium iodide in syphilis and lead poisoning, colchicum in gout, salicylic acid in rheumatism, etc.—and here you find the true place for drastic cathartics, diuretics, sudorifics, and other eliminants. Position, too, and counter-irritation, can sometimes effect a trifle of good by keeping some of the contaminated vital fluid out of the head, where it often manifests its only unpleasant effects.

The last class for special consideration is the neurotic. Two sub-varieties can, for practical purposes, be recognized here—neural excitation, where the manifestations are those of irritability of a high grade, and neural asthenia or adynamia, characterized by evidences of depression and irregularity. In the former cases, anodynes and perfect quietude of mind and body, with a removal of all causes of perturbation, are to be resorted to during the paroxysms. Chloral, bromide of potassium, valerian, morphia, and its succedanea in full doses to produce their soothing effect, and hypnotize the sufferer, can be freely used for sleep—"tired nature's sweet restorer"—is one of the best balms in this variety of cephalic pain. In the intervals of suffering, medicines calculated to restore the nervous balance, so that its equilibrium may not easily be disturbed—such as tonic doses of strychnia, quinia, potassium bromide and iodide, ammonium bromide, sulphate of zinc, etc.—should be perseveringly given, and the mind should be relieved of all strain, while good diet, regular habits, avoidance of all undue excitement, and moderate exercise, will materially aid in recovery. For acute attacks of asthenic neural pain, the various nervous stimulants are demanded—ether, opium, wines or brandy, ammonia, camphor, and the like. Rest and sleep are here also essential. Unlike most of *our* remedies, sleep can act beneficially in directly opposite bodily states—nature restoring her own balance while the body is wrapped in slumber. During the intervals of relief in neurotic adynamia, we can use some of the same tonic remedies as recommended for the last sub-class considered. Nux vomica, iron, zinc, cinchona, copper, the various vegetable bitters, douches, travel, exercise, fresh air, generous gratification of the appetite, and other measures of a kindred nature, should be used.

A few words, now, on that important, but poorly appreciated subject—the radical cure of headache—will conclude this series of papers. And, first of all, I would boldly lay down the rule, that but one cure is possible, viz: the removal of the predisposition; for it is utterly out of the question, to entertain, for a moment, the idea of removing a patient beyond the influence of the almost innumerable causes, extrinsic and inherent, of cephalic pain. It is proven beyond cavil, that the liability to headaches can not only be materially lessened, but, in many cases, entirely abolished. There are two methods of accomplishing this: one is by toning the system up, so that it overcomes its tendency to suffer from the ordinary excitants of cephalalgia; the other, by its naturally accommodating itself to their operation, so that they no longer produce the usual effect. The latter is spontaneous, nature's own act; the former can be secured artificially.

Where the predisposition is that of heredity, my own experience is that our efforts to produce a radical change in the individual constitution are fruitless ninety-nine times out of a hundred. The unhappy victims, however, not unfrequently outgrow their infirmity, and during the latter periods of life are wholly exempt from the bane of their youthful existence. Yet this, too, is comparatively a rare happening.

Can nothing be done for them, then? Assuredly there can. We should try the various alteratives and hygienic plans of treatment which empiricism has certainly demonstrated as sometimes successful. Give them the benefit of a chance, though slim, for escape from the grip of their "old man of the sea." Most of our knowledge here is purely empirical, and our practice is founded upon it. But, where it neither does harm, nor interferes with the use of the rational medication, because of the lack of this latter, we are fully justified in resorting thereto. It is needless for me to recapitulate the scores of plans falling under this head. Suffice it to say, that they embrace the employment of those remedies termed "alterative," for want of a more correct name, and also such as experience has demonstrated to invigorate the several physiological systems of the human body. But, while contending for this non-eradicability of the cephalalgic predisposition, in the vast majority of hereditary cases, I do affirm that we can accomplish much. How? By thoroughly investigating our cases, ascertaining their true character, and applying the proper remedy or remedies at the very outset of each attack. By so doing, we *can*, in a great many instances, abort them at every threatening. By so doing, our patients are constantly armed against the approach of their malady, etc., to all intents and purposes, fully cured. And, even where we fail in completely *preventing* the paroxysm, we can so mitigate its pain and abbreviate its duration as to make it comparatively nugatory. Have we not accomplished enough? No, but we can rest content, assured that we have done our best, yet hoping that time will permit, sooner or later, by extension of research and experiment among our indefatigable pathologists, still more perfect success.

In acquired predisposition, the prospect of its total overthrow is far more encouraging. The system has undergone one change already in said acquisition. True, it is a retrograde one, from perfection to blemish; but there is much greater chance of a second change, and for the better, than in those whose very entrance into the world was marked with its attending defects. That constitution once perfect is more likely to regain its integrity, than one never thus favored.

We can therefore push our therapeutical plans, in these cases, with no small assurance of a success in attaining permanent results. Iron, arsenic, strychnia, the bromides and iodides, quinia, exercise, travel, change of occupation, temperance, the abandonment of all debilitating habits, close attention to dietetic rules and abjuring of such food as the stomach fails to tolerate well, these, and many other things, may enter into our course of treatment. Intelligence and judgment, founded on a scientific basis, and combined with experience, can alone dictate the best plan to pursue in each case. These every physician must acquire for himself; wherefore, even if I had the inclination, space and ability to continue this discussion, it would be needless. So I close my paper, hoping that at least *some* good may come from the imperfect consideration which I have been enabled to give the subject of headache in this journal. Criticisms are invited, and probably not unmerited. Especially would I like to see a general discussion on the part of those physicians who have devoted special attention to this matter.

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Apoplexy—Predisposition to, and Premonitory Signs of, with Rational Means of Prevention.

The term apoplexy signifies a stroke or shock; a condition of coma, or fainting, occurring suddenly, in which the functions of animal life are all suspended except the mixed function of breathing. The term apoplexy is incorrect as usually applied, for the condition is not one of shock or stroke, but a sudden loss of all consciousness, sensibility and power of voluntary motion, as well as of the powers of thought and speech, from pressure on the brain in its bony case, which pressure may occur without the rupture of any of the cranial bloodvessels. The term is often used to signify interstitial hemorrhage, or any sudden effusion of blood into internal organs; hence we hear of pulmonary and other varieties of apoplexy. Its proper meaning, as now used, is when applied to cerebral or sanguineous apoplexy, in which sensation and mental powers are much diminished in force, or entirely suspended, and in which the power of voluntary motion is lost, and when a comatose condition is present, the circulation and breathing still continuing, and accompanied by a full, hard pulse, flushed face, and stertorous breathing.

The varieties of apoplexy are usually given as sanguineous, serous, nervous and simple. Strictly speaking, there is but one variety of true apoplexy, viz: the sanguineous, in which may be included simple apoplexy as a form of the sanguineous, and due to sudden congestion of the brain without the occurrence of cerebral hemorrhage. It is doubtful if serous effusion into the brain substance ever causes true apoplexy, as was formerly supposed, though it produces a condition resembling it. In the so-called serous apoplexy the patient generally rallies from the first attack, becomes sensible and able to move; but in a few hours he becomes dull and stupid, and sinks into a state of syncope, from which he never rallies. This is more frequently fatal, after middle age, than the true or sanguineous apoplexy, in which the attack comes on suddenly.

True apoplexy is known by sudden loss of consciousness and voluntary motion, the patient lying as in a deep sleep, with flushed face, slow, snoring breathing, expiring air from the lungs with a flapping motion of the lips, like one puffing smoke from the mouth in smoking a pipe. The pulse is full, slow and hard. In the so-called serous apoplexy the attack comes on more slowly, the patient is pale, faint and sick, and generally vomits, and falls into a state resembling syncope, with cold, pale surface and feeble pulse. The condition of pulse and appearance of face are important in deciding the nature of the attack. Nervous apoplexy is not apoplexy at all, but a condition of sudden coma, usually from uræmic poisoning of the blood. An apoplectic attack should be carefully discriminated from drunkenness and narcotic poisoning. Absence of smell of liquor on breath will exclude drunkenness. The circumstances, history and surroundings must be taken into consideration in deciding between narcotic poisoning and apoplexy. Apoplexy is to some little extent allied to puerperal convulsions, and the same causes at times give rise to both diseases. They differ in the usual absence of the convulsive fits in apoplexy, which are present in puerperal eclampsia in consequence of the irritable and excitable state of the nervous system which so frequently accompanies pregnancy and labor.

Apoplexy is rare in infants, but when the brain of an infant is irritated by the pressure of effusion we have convulsions, owing to the comparatively large proportion of the nervous system to the rest of the body.

Causes.—Anything producing a compression of the brain may cause an attack by intercepting the circulation of the blood through the brain, and it matters not what produces that compression, whether it results from the rupture of a cerebral bloodvessel and consequent extravasation of blood, or from active, persistent congestion, or from an external injury to the head, the effect is the same. The attack is caused not so much by the amout of compression as by the suddenness of its application.

The predisposing causes are:

1st. Old age. The greater number of cases occur in persons over sixty, though it occurs sufficiently often between thirty-five and sixty. The formation of earthy concretions in the coats of the arteries, and ossification of the arteries themselves, which is more common in old persons than a healthy condition of the arteries, explains why age should act as a predisposing cause. According to Bichat, seven of every ten who live beyond the age of sixty are found to have earthy concretions of the arteries.

2d. Hereditary predisposition. Apoplexy very frequently occurs in those whose ancestors suffered from it. The greater number of cases occur in those who are advanced in life and who are the progeny of apoplectic parents.

3d. Disease of the kidneys, in which an excess of urea enters the blood, unless it soon be eliminated from the circulation, will prove a strong predisposing cause of the so-called "serous" form, though the term "uræmic coma" is by far the most appropriate.

4th. Persons with short, thick necks, florid face, of a stout build, and corpulent, are more prone to the disease than slender ones, but persons of any shape and build may be its victims. Diseases of the lungs which offer an impediment to the circulation of the blood may tend in some degree to predispose to the disease, but remotely, if at all. Diseases of the heart do not act as predisposing or exciting causes so often as formerly supposed.

Exciting causes—Violent exercise, straining in any manner sufficient to cause a rush of blood to the head, mental excitement, over-repletion of the stomach, which seems to act as a prolific exciting cause, as many attacks occur soon after eating a hearty meal. Lifting, stooping, carrying heavy weights, and extreme heat, are all exciting causes.

Premonitory signs do not in all cases occur. A sense of weight and fullness in the head, with roaring in the ears and flushing of the face, may be looked on as precursors of an attack, if the person subject to them be of apoplectic build, of advanced age, and of hereditary predisposition to the disease.

Headache is one of the most frequent premonitory symptoms, but is only a sign of danger when it begins to occur in advanced life in persons not subject to it during their earlier years. If headache is accompanied by vertigo, the danger of an attack is greater than if it exist alone. Vertigo is sometimes a precursory symptom, and it is also more to be apprehended when it begins to occur at an advanced age. Loss of sight or hearing for a few seconds, together with double vision and confused intellect, are often warnings of significance, the double vision being the most reliable. Numbness of various parts, loss of memory, a sense of dread and feeling of insecurity, are also occasional premonitions.

Prevention of apoplexy is of greater importance than its cure, as it is more easily accompl-shed. Restriction to a vegetable and milk diet, and the avoidance of all stimulants, as well as of any active exercise (which increases the force of the current of blood through the brain, as well as through the rest of the body), will, in many instances, prevent or ward off an impending attack, even after the premonitory symptoms have been felt, provided the warnings are heeded, and promptly and properly obeyed.

Straining at stool, or in coughing, vomiting, speaking, lifting, stooping, etc., must be avoided as much as practicable, for, in any effort of the kind, a deep breath is taken and retained while the muscular forcing effort is made, and this causes a congested condition of all the bloodvessels of the head, and thus produces danger of the rupture of some one of the cerebral bloodvessels.

For the same reason, turning the head to look backward for any length of time should be avoided. This was supposed to be the exciting cause of an apoplectic attack terminating fatally in one of our volunteer officers, during the late war, he having ridden some distance looking backward, in urging up his men.

Warm rooms, exposure to heat of sun, alcoholic drinks, strong excitement of any kind, and the wearing of tight articles of dress about the neck, must, as well as all else before interdicted, be equally and most carefully avoided by any one who has an hereditary tendency to the disease, who possesses the apoplectic build, and the more particularly if any of the premonitory symptoms have been observed.

Michigan State Board of Health.

The regular quarterly meeting of the State Board of Health was held at Lansing on Tuesday, January 14, this being its first meeting in its rooms in the new capitol building. The following members were present: R. C. Kedzie, M. D., President, H. O. Hitchcock, M. D., Hon. LeRoy Parker, Rev. D. C. Jacokes, and Henry B. Baker, Secretary.

ADULTERATION OF SUGARS, SYRUPS AND HONEY.

As Committee on Food, Drinks and Water Supply, Dr. Kedzie made a verbal report on table sweets showing the methods of adulteration now practiced. One of these is by the use of glucose, which is an inferior article of sugar formed by the action of sulphuric acid on starch. In sugars thus adulterated there is usually found sulphuric acid and copperas. Another method lately practiced has been for the lessening of duties, and consists in coloring sugar so as to make it appear of lower grade. The danger comes from the poisonous chemicals used in bleaching.

Dr. Kedzie also mentioned the fact that where bees are fed on glucose this substance will be deposited in the cells without change. In connection with the adulteration of sugar, the doctor also said that one bushel of corn would make about forty pounds of grape sugar or glucose. Where the sugar is of a blue tinge, it is an evidence that blueing has been added to the sugar to relieve the yellow appearance due to the adulteration. The experiments and reports heretofore made by Dr. Kedzie had been made the basis of a memorial to Congress asking legislation upon the subject.

VENTILATION OF BUILDINGS ALREADY CONSTRUCTED.

As Committee on the subject of Ventilation and Heating of Buildings, Rev. Dr. Jacokes read a paper on the heating and ventilation of buildings already constructed. He first showed the importance of good ventilation, and then pointed out many ways in which buildings already constructed, faulty in this particular, could be improved. One method was the leading of fresh air from outdoors to a jacket inclosing a space around a stove, and withdrawing the foul air from the floor level by means of pipes which lead from near the floor to the chimney above. He showed many diagrams illustrating the methods of improving the ventilation in buildings already constructed. He gave one illustration of a church which had been insufficiently warmed by three stoves, but which was afterward thoroughly warmed and ventilated by one of these stoves, properly jacketed, and the cold and foul air withdrawn from the floor level. The ventilation of two churches by a similar method cost him but ten dollars, and ventilating apparatus for dwellings costs from one dollar and twenty-five cents to ten dollars.

ILLUMINATING OILS.

As Committee on Special Sources of Danger to Life and Health, Dr. Kedzie made a verbal report on illuminating oils. In this report he brought before the Board a sample of "mineral seal" oil, a new brand, which stands a flash test of two hundred and sixty degrees, by the Michigan method, and will also stand the Michigan chill test. He exhibited a lamp filled with this oil, which gave a brilliant light, equal to twenty-six railroad candles. This oil is manufactured for the Standard Oil Company in Cleveland. It sells for forty cents a gallon. It is made by freezing the paraffine out of heavy paraffine oil. He recommended the use of this oil on railroad cars, under very stringent provisions. He showed the safety of the oil by heating it to two hundred and fifty-four degrees, and plunging lighted pine sticks into it, when they were immediately extinguished.

He also brought up for discussion the question as to what action the Board shall take with reference to illuminating oil for ordinary purposes. As showing the ways in which certain parties seek to evade our laws, he exhibited a specimen of oil and the dealers' circular in connection with it, claiming a new and safe illuminator called "potalene." It was on exhibition at the State Fair, pleading for a premium. He put fifteen drops in a heavy glass bottle, and touched a lighted match to the mouth of the bottle, when the flames and smoke shot several feet high. He said this oil was simply naptha in which potatoes had been soaked.

It was voted that the interests of life in this State will be subserved by maintaining the present tests for illuminating oils. Dr. Kedzie was requested to make a thorough investigation of the whole subject, and to act for the Board in endeavoring to maintain the present tests.

REGULATION OF MEDICAL PRACTICE.

LeRoy Parker, Committee on Legislation in the Interests of Public Health, read a report on the subject of the Illinois law regulating medical practice, and on the proposal to regulate the practice in Michigan. The Illinois law compels an examination by a State Board, and the effect is to drive quack doctors out of the State, and some have come to Michigan. He recommended the enactment of a law by the Michigan Legislature, requiring practitioners to undergo examination.

Dr. Hitchcock presented the form of a memorial to the Legislature on the same subject, expressing the opinion that great injury is being done to the health of many persons in this State, and that many deaths occur because of treatment by ignorant and unscrupulous pretenders bearing the name of doctor, with, perhaps, the title of "M. D." He recommended an examination of practitioners in anatomy, physiology and pathology of the human body, and in chemistry and botany. The memorial was adopted.

SANITARY TOPOGRAPHY.

LeRoy Parker made a verbal report on a memorial to the Legislature on the subject of a topographical survey of the whole State for sanitary purposes. Dr. Baker was added to the committee, and it was recommended that the survey should not only be topographical, but should embrace all sanitary subjects, especially those relating to water, as, for instance, drainage, pollution of streams, water supply, etc.

SANITARY CONVENTIONS.

Dr. Baker, who was a committee to prepare for a Sanitary Convention at Coldwater, reported that, owing to the death of Dr. J. H. Beech, of that city, the local support to the movement was withdrawn, and it was impossible to hold the convention. Much work had been done in preparing for this meeting, and he had endeavored to secure such a meeting at some other place. A communication was received from Dr. J. H. Kellogg, of Battle Creek, inviting the Board to hold a meeting at that place, pledging the support of the citizens of that city to make the meeting a success. The subject was postponed to the April meeting.

A committee was appointed to draft resolutions relative to the death of Dr. Beech, and its chairman, Dr. Hitchcock, presented the following preamble and resolution, which were adopted by the Board:

"WHEREAS, We have heard with deep regret of the death of Dr. J. H. Beech, of Coldwater; therefore,

"*Resolved*, That in the death of Dr. Beech this Board has lost one of its most interested and efficient correspondents, and the people of the State have lost one of their most intelligent, earnest and practical sanitarians."

WORK IN THE OFFICE.

Secretary Baker made his quarterly report of work done in the office. One thousand two hundred and fifty-eight copies of the fifth annual report of the Board had been wrapped, directed and sent to the officers and members of the local boards of health in the State; a pamphlet on the restriction and prevention of diphtheria, and a copy of Dr. Kedzie's lecture on "Healthy Homes for Farmers," were sent with each report; a copy of the pamphlet on diphtheria was sent to each physician in the State whose name and address could be found in the office, some three thousand six hundred in all; mortality statements of the city of Lansing have been sent to fifty exchanges each month in the quarter; an index of three thousand names on books in the office has been made; meteorological observations have been taken at the office, and meteorological reports from different parts of the State have been examined and filed, as have the weekly reports of diseases from about sixty observers of diseases; the compilation of the sixth annual report has been completed, the proof read, a full index made, and the volume printed; distributions of blanks to meteorological observers and to observers of diseases have been made; blanks for reports of health officers and clerks of local boards of health have been prepared; the work of compiling the weekly reports of diseases, meteorological reports, etc., for the seventh annual report, has been commenced. Much extra labor has been caused in the removal of the office from the old State offices into the then unfurnished rooms in the new capitol. The secretary presented advance copies of the sixth annual report for the year 1878.

DIPHTHERIA STATISTICS.

The secretary presented reports from Dr. E. N. Palmer, of Brooklyn, Jackson County, relative to the outbreak of diphtheria in that section. During a period of five months there were sixty-seven cases and eleven deaths. He gave several instances where diphtheria had been communicated by persons convalescent from that disease; also, by persons who did not have the disease at all, but were in attendance upon patients.

The document on the prevention and restriction of diphtheria, issued by this Board, has been in great demand, not only in Michigan, but throughout other States and Territories.

DRAINS AND SEWERS.

Dr. Baker presented a communication from A. C. Sekell, City Surveyor of Grand Rapids, transmitting rules and regulations of the Board of Public Works in that city with reference to house-drains and sewers, and moved for the preparation of a circular asking for facts concerning the regulation of drains and sewers in the cities of Michigan, and also the views of sanitary experts and engineers, with a view to making some general recommendations for the benefit of the many small cities and villages now just beginning to consider the subjects of drains and sewers.

By request of members of the Board of Control of the State Public Schools, Dr. Baker presented the subject of the temporary maintenance of diseased and crippled children at the State Hospital in Ann Arbor, as a means of preventing sickness and pauperism in after-life.

After the auditing of bills incurred during the past quarter, and the transaction of other necessary business, the Board adjourned to the annual meeting, April 8, 1879.

Professional Learning.

BY R. A. A., M. D.

I WISH to present, through the medium of the NEWS, a few remarks upon a subject I have not seen mooted in any medical paper, but think its discussion would prove advantageous to the profession, and redound to the benefit of the public. I merely design to bring the matter before your readers, and then the editors and their very learned correspondents may give us their views, or pass it by unnoticed, as they think best. One or more sensible editorials may accomplish the work of reform in part, if no more. My remarks may be thought caustic and severe, and so they should be, for the evil should be burned out by the roots. It has become not only a nuisance, but a disgusting excrescence upon the medical literature of the country. I allude to the practice of correspondents and editors coining new words and using French phrases and French weights and measures, particularly in their translations. I would ask, if we are to have only a partial translation, why translate at all? Why not give their readers the entire French article, and let those who can do so translate it for themselves, and those who can not translate do without it? I have often wondered if French editors and writers reciprocated our obsequious quotations by inserting in their journals our weights and measures in pure Anglo-Saxon. I can not suppose them guilty of such gross folly. It is a practice which could be excused only upon the ground of our own language being inadequate to express our ideas and meaning, which, of course, is not the case.

One would suppose, in a country like ours, where medical schools dare not require a preliminary education as a prerequisite to matriculation, simply because the school attempting it would get no pupils, that the medical journals would be scrupulously adapted to the capacity of the multitudes of ignorant doctors annually turned loose upon the public. But, instead of this, they are becoming more and more abstruse and pedantic. This is peculiarly unfortunate at a time like this, when there are being introduced so many new remedies, and the journals are so far ahead of medical books.

As regards communications, it is frequently amusing to read one of these painfully learned productions, and note the labored effort of the writer to clothe his ideas (or those of some one else) in an array of high-sounding words, and observe with what accuracy he discriminates between "*tweedle-dum and tweedle-dee*," and how he ransacks his heavily-taxed brain to find a term that will express his subtile meaning as set forth in his new theory, which he, perchance, thinks will immortalize him. And not unfrequently, after his herculean task is finished, he flaunts in your face a word that you never saw or heard of before. You appeal to your medical dictionary and to Webster's Unabridged in vain; but, upon a more critical examination, you find that by his *unique* spelling he has so metamorphosed an old word that you did not recognize it, or else he has coined a new one, the root and meaning of which you will never find out.

Would it not be better for the journals to feed their lambs on milk rather than on such strong food, or, at most, permit them to pasture within the bounds of dictionaries and their own vernacular? We want journals filled with the practical experience of men who know how to impart to others the knowledge they have gained in their professional labors, and not prolix theoretical articles on spontaneous evolution, atmospheric sporules, or the Book of Genesis. Nor do we want articles written for vain display, of no practical import, probably by men who can not translate their own diplomas correctly. But America has outstripped all the world in invention and rascality, and no doubt will excel in folly.

EVANSVILLE, IND.

Decimal System of Weights and Measures.

MR. EDITOR:

SCIENTISTS, teachers and scientific journals are uniting their efforts to bring about an authoritative and universal adoption of the "decimal system" of weights and measures. Learned societies advocate, in this and other countries where said system has not yet been regularly accepted as the national standard, the early incorporation of this method into the usages of their several States. And observation must convince every one who has given attention to the subject that not only is the weight of argument and merit in favor of the decimal party, but it is one of the inevitables—bound to come at no distant day.

Few objections to the metric system can be successfully argued; few, indeed, have been attempted by scientists, at least, and all unbiased minds either have sided with or show a tendency to go over to the band of its advocates soon. Among the more prominent objections, perhaps *the* one of most force that has been advanced by the opponents of this proposed innovation, is the confusion which it is alleged must arise from so radical a revolution in national standards of weight and measure, even if confined to certain classes of business transactions, as the handling of drugs, medicines, chemicals, etc.

There is much more weight in this argument here in our own country than it would have in many States of the old world. The fact is patent that, in most of the States of our government, a large number of uneducated and incompetent apothecaries are allowed by law to vend the most potent poisons, fill prescriptions, and do such other pharmaceutical work as their inclinations or the exigencies of their business call forth. Many of these tradesmen and self-styled druggists are utterly ignorant of the first principles of chemistry, toxicology—aye, even of the rudiments, in not a few cases, of the poorest kind of a common-school education in their mother tongue. Nor does the evil stop at the counter. America is a prolific hotbed of quackery and charlatanism. Hundreds of prescribers are no more competent to assume the physician's duties than the ignorant dispensers already alluded to, and the opponents of "decimalism" push this argument with no small show of reason. Truly, the field is not a most desirable one for sudden and complete national reforms of the kind proposed. These men have learned the grains, scruples and drachms of the present weights, the minims, drachms and ounces of our ordinary apothecary's measure, and they get along with them tolerably well, so that prescriptions are filled, and comparatively few serious or fatal mistakes occur. To change throws them entirely at sea; they must learn the whole system of weighing and measuring over again, and the probabilities of much confusion, if not deadly blunders, are strong.

The objection might be urged further, and applied even to physicians of good average education. There are doubtless scores of practitioners too busy to spend time trying to fix the metric weights and measures, or the methods of decimal prescription-writing in their minds. Others are too indolent for a task of this kind. Many are off in the backwoods, without any inducements to acquire an understanding of this metric novelty. And for not a few of the best of us more or less confusion and uncertainty will fall to our lot in the mixing up and calculating the new method with the old. Especially must this be so while the old text-books are extant, and the journalistic world uses both systems indiscriminately in the formula of their case—reports and miscellaneous articles.

For us who graduated under the time-honored methods and customs of our forefathers, there will not be that ease of acquisition, that natural growing into the "decimalism" of to-day and the future, that must characterize the professional recruits now issuing, and hereafter to emanate from our medical and pharmaceutical schools. They learn as new; we must not only learn the new, but must, to a certain extent, unlearn and supplant the old theory and practice of calculation and habit, which has been a part of us for years. They get both systems with equal ease, and are drilled to use them interchangeably.

Such being the state of affairs, we must accept them, not as we might wish to have them, but as they are; and, encountering the obstacles, it becomes us to surmount them as best we can or assist in their removal. To do this, to render the new system readily intelligible to the older practitioners, many of our journals put some, or all, of the formula published in these columns into both shapes, side by side. Thus, by contrast, they impress the mind, and knowledge is gained insensibly, and by easy gradations. So, too, the text-books, new and reprinted, are some of them adopting the same plan; others will, and erelong the entire change will be effected.

The grain weights and measures are already in the market and in use. To use them the old must be abandoned or double sets kept in accessible places. Now, would it not be a step in the right direction, a step toward the simplifying of this great change in a national habit, and therefore to be recommended, to follow the lead of our publishers, and use both kinds of weights and measures at once? I do not know but that this plan has already occurred to others, and is in operation, but if so I have no information to that effect. Wherefore I suggest that sets of grain weights be made and used by the apothecary and those physicians who do their own dispensing, on which the corresponding equivalent in grains, scruples, etc., is stamped. Grain, drachm and ounce weights can also be made and stamped with the corresponding decimals. Measures of like character would be useful for the liquids of the dispensing counter. By the introduction of these utensils, much trouble and liability to error in issuing medicine under the new plan would be obviated, and, of course, the argument founded on this very liability against the metric system would lose a corresponding degree of force.

If the suggestion be worth anything, and the principle is not already applied practically, I trust some of my medical brethren who have acquaintance with the instrument makers in our large centers will take the matter in hand, and thus lend assistance to the consummation of that which, as a mass, our profession, in common with the great scientific world, is seeking—the introduction of a simple, better and more rational system of weights and measures. And, as this changes, so must the scale of temperature measure—the thermometer, so intimately connected with our professional work. "Fahrenheit," now so widely popular in America, though less simple than "Centigrade," must yield its popularity and place to the latter. The suggestion I have made touching weights and measures may be extended to embrace the clinical and general thermometer. Let them be made with double scales, corresponding to both systems, the past and present, with its complexity—the simple Centigrade of the future. These, I know, are already obtainable, and in some places are in use, and have been for a long time, but they are not yet popularized. The cheaper instruments, passing into the hands of the scattered body of medical men in this country, are still constructed on the single scale. The difference in expense of a double scale need not be very great, and the convenience will be decided, while the impetus thus given to the movement of "metricism" will avail not a little in its favor.

I trust my propositions may be available, and that they may bear fruit, unless, as is possible, and perhaps probable, some other person has forestalled me in the matter. Every step in this matter is important, and every one that proves worth anything at all is a point gained.

E. A. Cobleigh, M. D.

SELECTIONS.

Hopital Temporaire.

SERVICE OF DR. DIEULAFOY,
Professeur agrégé.

Reported by Dr. D. M. Guitéras.

PLEURISY.

I propose to speak to you to-day, gentlemen, about our three cases of acute pleurisy which you have all seen in the wards during the visit. Our patient in ward Ste. Helene was admitted on the 27th of December, complaining of a pain in his side, and having had some chills; this was followed by a cough and an annoying dyspnœa. On auscultation we could find neither ægophony, nor blowing, nor friction, and yet he was ill since the 17th. But the pain was present, and it hurt him to cough, to breathe, and also while counting for us. Pain is really the revealing sign present in all these three cases. We re-examined this man daily. We found a slight diminution of the vesicular murmur, but the friction would not come—that friction called friction-rale by Damoiseau, and which Trousseau believed to be not a real friction, but the rales of a concomitant pneumonia. On the fourteenth day of his disease, however, we heard the expected friction.

Our patient in ward St. Louis, who came in on the eighth day of her disease, did not present the friction-sound either, although she complained of pain in the side; and two days later, on the tenth day of her disease, the expected friction was heard, starting, as it were, under our ear. Twenty-four hours later the friction disappeared in this patient, to give place to blowing expiration and ægophony.

But in our patient of Ste. Helene the friction-sound continued to be heard. Was it a case of dry pleurisy? Was he tuberculous? The temperature would not come down; the friction continued; the patient would not improve; we were not satisfied. The sixteenth, seventeenth, eighteenth day came, and still the temperature was high. Laennec doubted the existence of dry pleurisy, and Voilez has found only one case out of eighty-one observations of acute pleurisy. I have never observed it myself, and it seems to me we are before the first case I have ever seen. To-day is the twenty-ninth day of his pleurisy; the dreaded tuberculosis has not broken out; nothing new has occurred; he feels well, eats well, and the friction has disappeared. Of course, we do not count now the partial pleurisies of the tuberculous, such as you can observe in No. 26 Ste. Helene. Cruveilhier thinks, and also Peters, that in cases of pleurodynia there are small partial pleurisies; but we could not expect to find friction in these cases.

Our third patient—No. 22 St. Jean—entered the ward on the eighteenth day of her disease, and we then heard no friction-sound; but she presented the symptoms of effusion, which we calculated to be about five hundred grammes. We observed that peculiar harsh (aigre), smothered (voile), remote blowing, heard as if it originated at a point distant from the ear, and heard during expiration. There was also ægophony, and on percussion an almost tympanitic resonance (skodique) above the level of the effusion. There was no whispered pectoriloquy (pectoriloquie aphone), but two days afterward it was heard, and to-day, with nearly two pints of effusion, this sign is typical in this patient; the ægophony has disappeared; her respiration is metallic, almost amphoric; her heart beats under the sternum.

The appearance of the effusion is very irregular; you may observe it from the second to the twentieth day of the disease. Is there any relation between the effusion and the temperature? It has been said that the temperature follows the effusion. This is an error. The patient who occupied our attention last—22 St. Jean—has manufactured about two hundred grammes per day, and yet the oscillations of the temperature are now very much like what they were when we first saw her.

Treatment.—The pain should be met by dry cups, or, better, by morphia injected hypodermically over the seat of the stitch. I like blisters at the beginning, associated with the hypodermics; but remember that blisters have no effect whatever on a good-sized effusion, any more than jaborandi.

Thoracentesis.—It has been advised not to operate if the temperature is high—to wait for defervescence—to wait for the dyspnœa; but sudden death by asphyxia may occur. No certain rules can be given for the time of operation. With an effusion of four hundred or five hundred grammes, and even of one thousand grammes, do not operate. With twelve hundred grammes, try still to delay the operation, if the patient seems easy and defervescence near. With twenty-five hundred grammes, you must operate; never mind circumstances. Use needle No. 2 of the aspirator, and make your puncture low and posteriorly, on a line with the angle of the scapula, at the eighth or ninth intercostal space. Never draw out the effusion at a more rapid rate than one hundred grammes per minute. When pulmonary congestion supervenes, with rusty expectoration and even hæmoptysis, it is the operator's fault generally—he is using needle No. 4 or 5—he is emptying the pleura too rapidly. Never empty an effusion of three thousand grammes or more at a single session, but draw out one thousand grammes each day. It is a good habit always to examine the serum withdrawn under the microscope, and calculate the number of red corpuscles to the cubic millimeter. If you find more than a thousand, there is a tendency for the effusion to become purulent. I remember a case where I found twenty-five hundred per cubic millimeter, and diagnosed a future purulent effusion. At the second puncture, made three days later, the effusion was already purulent.

Note.—No. 1 Ste. Helene and No. 6 St. Louis both left hospital cured, without anything worthy of notice happening after the date of the preceding remarks, the diagnosis in the former case being confirmed as that of dry pleurisy.

In the case of No. 22 St. Jean, thoracentesis was decided on, and fixed for the 23d of January. On this date's morning visit, with the aspirator already on the bed, the patient was re-examined, when a remarkable diminution of the effusion was observed. The whispered pectoriloquy and the blowing on expiration had disappeared, and vesicular murmur was heard over the superior two-thirds of the lung. The patient escaped the operation, owing to the good practice of making a physical examination immediately before its performance. This diminution of the effusion was accompanied with a slight rise of the temperature. On the following day she had epistaxis and copious perspiration, with falling of temperature. On the 27th, the return friction (de retour) was observed, and this could still be heard on the 12th of February, when she left the hospital, twenty-five days after her admission, cured in all other respects.

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Hopital de la Charite.

SERVICE OF PROFESSOR GOSSELIN, NOVEMBER 18, 1875.

Reported by Dr. D. M. Guitéras.

CONGENITAL CYST OF THE NECK.

I show you to-day, gentlemen, an enormous tumor in a little child eleven months old, which occupies the region of the neck, on the right side, down to the clavicle. It is soft, not very elastic, giving a sensation of fluctuation. I only feel one sac, one fluctuation. I believe it to be a unilocular cyst, although the multilocular cysts are much more frequent. Therefore we have decided to make a puncture with a very fine trocar, for fear of suppurative inflammation, which is very dangerous; and if we find one cyst with thin walls, and no other cysts, we will inject the tincture of iodine. [The professor makes the puncture with the needle of an aspirator, and withdraws about one hundred grammes of a very bloody liquid.] This liquid does not assist cicatrization by approximation of the walls; besides, I have observed the presence of other cysts, the most common variety. Then, no iodine injection, because there will be no cicatrization, and the suppurative inflammation is much more to be feared in these composite cysts.

In cases of multiple cysts with bloody contents and thick walls, the suppurative inflammation is sure after injection of iodine. No extirpation here, because all writers have seen strong adhesions with surrounding tissues, vessels, etc., and that it was impossible to remove the sac without injuring them, and hence, danger of hemorrhage and of suppuration. There is nothing to do in a case like the present beyond making palliative punctures, in the hope that it will get well and finish by obliterating itself. No large incisions here, either; avoid them.

In 1839, Cæsar Hawkins, an Englishman, described them well, and characterized the varieties of multiple cysts, they being sometimes adjacent to one another, at other times within one another. In 1852, Werner, a German, wrote another essay; and in 1853, Lorrain, then an interne of Nelaton's, published two observations in Nelaton's service. In 1858, Bouchet, interne of the Pitie Hospital. wrote an excellent thesis on the subject, with a very good clinical classification. These cysts are found more often on the left than on the right side, this one being on the right side. The simple, unilocular ones are best treated with the tincture of iodine injection; the multiple ones require other treatment.

I do not know where or why they are developed. Richer describes them as developing in the lymphatic glands; but this is not demonstrated, nor is there any lymphatic element in these cysts. They are evidently a local affection, the little children always being healthy in spite of them.

As regards prognosis, they are divided into suffocating and non-suffocating, some of them having a tendency to press upon the larynx and trachea and suffocate the child. This one has no such tendency. We do not know what they would become if they were to be left to themselves, when they are not suffocating. Under the treatment of palliative punctures will they finish by getting well? In the different writings we see more of a hope than of a reality of cure.

Varieties of Pulmonary Phthisis.

EXTRACTS FROM A LECTURE DELIVERED IN BELLEVUE HOSPITAL MEDICAL COLLEGE, DECEMBER 10, 1878.

BY ANDREW CLARK, F. R. C. P., LONDON.

(*Concluded.*)

Now, in the second classification, we have a caseous pneumonic phthisis. The history of this form of phthisis is almost the reverse of that of tubercular phthsis. In tubercular phthisis the constitutional symptoms are profound, while the local symptoms are comparatively few. In the cases I am now describing we have an abundance of local symptoms. By physical examination perhaps one-quarter, one-third or one-half of an upper lobe of a lung may be found to be uniformly solid. You will have dullness and tubular breathing, which may be accompanied or not by crackling. You may have bronchophony, but the constitutional symptoms are often few. The patient looks fair, has a bright eye, is well nourished, and perhaps slaps his chest and says, "But for this cough I would be quite well." Perhaps the disease has come on insidiously. Perhaps by inflammation not so severe as croupous pneumonia, and the case itself runs for an indefinite time until a certain change takes place which brings it within the pale of serious cases of phthisis.

Suppose, then, we have a case of pneumonic phthisis with unbroken consolidation of the lung or only a few small cavities. The patient is tolerably well, engages in his work, complains comparatively little of constitutional symptoms. By and by the caseous pneumonia breaks up into large cavities, and, sooner or later, the opposite lung may become affected either by the deposit of tubercles, or by the formation of little patches of lobular pneumonia.

Here, again, the subject is full of complexities, and we are in a little difficulty. Sometimes cases of caseous pneumonic phthisis are slow, subacute, almost chronic. But there is a certain section of these cases which is extremely rapid. There are those cases in which the fever rises and the deposit in the upper part of the lung breaks down rapidly, and within four, five or six weeks the patient dies with all the symptoms of phthisis. These may be called cases of acute caseous pneumonic phthisis, and answer to the true galloping consumption of our forefathers.

Now, passing from this caseous pneumonic phthisis, I will make the following additional statement: The usual rule with tubercular phthisis is death. I do not say there are no exceptions to this; perhaps cases of tubercular phthisis may get better, but they are few. It is in cases of pneumonic phthisis, no doubt, that the greatest number of recoveries take place, and they take place in one of several ways. Sometimes the exuded caseous pneumonic stuff undergoes fatty metamorphosis, and is really absorbed. In other cases the caseous matter, not being quite melted and absorbed, a kind of fibroid change takes place in the lung. It gets hardened, perhaps the bronchial tubes are a little dilated, and the whole affair settles down into a hardened mass. Sometimes these cases of caseous pneumonic phthisis, while destruction is going on, yet develop secondary fibroid change, which does the same for these cases as for those of tuberculous phthisis.

I have said that occasional cases of tubercular phthisis progress slowly, and in proportion to the amount of fibroid degeneration. So it is in caseous pneumonic phthisis; for, if it excites a secondary fibroid degeneration, the progress is exceedingly slow.

Now we come to speak of the cases which I have classified as fibroid phthisis. The chief clinical characters of fibroid phthisis are these: First, it is, as a rule, a febrile. The pulse is quiet, and the general health is but little disturbed. The second point is that usually, not invariably, there is, just as in the case of croupous pneumonia, a history of some inflammation. It may be a pleurisy, very often it is so; it may be a pneumonia, which has been unabsorded and converted into fibroid mass, or it may be an irreducible recurring bronchitis which has caused the development of fibroid tissue; and lastly, but rarely, it may be due to some constitutional disease, such as syphilis or cancer. But the main point is, that while it has such a history it is almost always unilateral, while tubercular phthisis is almost invariably bilateral sooner or later. Pneumonic phthisis may be or it may not be unilateral. Fibroid phthisis is in ninety-nine cases out of a hundred unilateral. The local signs of fibroid phthisis are extreme contraction, with pronounced friction sounds and displacement of the organs. With these few points I will narrate the history of one case of fibroid phthisis which will enable you to understand better what you are to expect in these cases than you would from a mere description.

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With your permission, I will mention just one other case. It is a case which was brought to me by Dr. Pollock, of the Charing Cross Hospital. This patient sprung from a bronchitic family, and had repeated attacks of bronchitis and severe attacks of pleurisy. When the patient was brought to me there was complete dullness, diminished tactile and vocal fremitus, loud bronchial breathing, bronchophony, and a metallic character to the resonance. His symptoms were paroxysmal cough, often ending in vomiting, and dyspnœa, but no fever.

This case was examined by several physicians, and seven years ago was reported before the Clinical Society of London as a case of tubercular phthisis. Not long ago he died, evidently from an attack of acute bronchitis, brought on from exposure to cold, but before his death there was a small quantity of albumen in the urine.

When examined after death these appearances were found: The right lung was perfectly solid; through it ran dilated bronchial tubes, and in the solid portion there were several ulcerations producing cavities.

I have now in my wards, in the London Hospital, three cases, in different degrees of development, which illustrate one of the modes in which fibroid phthisis arises.

The first is the case of a man named Tenny. He is a thin, pale and delicate man. He is liable to cough with expectoration, but he says he is pretty well, except that he is very delicate. The remarkable feature about the man is that he has scarcely any lung to breathe by.

His chest seems contracted, and he presents an appearance such as is seen in advanced phthisis, but it is not a case of phthisis at all. The more careful examination you make, the more sure you are that you are dealing with a man who has semi-solid, contracted lungs, with but little space left for breathing, and perhaps slightly dilated bronchial tubes, which hold a small amount of secretion. But there is no evidence of destruction of lung-tissue, and he has had a kind of interstitial pneumonia for many years.

I have watched him from the beginning of the symptoms, which are like those in the other cases described.

The second case is that of a man called Douglas. He is in the position of having a contracted left lung, with crepitation all over it, bronchial breathing and bronchophony, but otherwise he is in tolerable good health. He, too, has the history of the third case.

The third case is that of a man who has been under observation for some time, but whose name I forget. But he has an irreducible fibrous pleurisy. He declares that he is perfectly well, and it is only by the greatest strategy and ingenuity that we are able to keep him in our wards. It astonishes him that we should be so anxious to have him remain with us. But we are very desirous that he should do so, in order that he may be utilized for purposes of our common instruction.

But the moment the hand is placed on the chest you feel a friction motion, and, over almost the entire chest, you can hear the to-and-fro-friction sound. This is an example of the beginning of these cases. Tenny's difficulty began in this way. They come into the hospital with some pain in the side, with little or no effusion in pleural cavity; probably an effusion has been present at some time, and they get apparently well, but the to-and-fro friction sound remains in some cases.

In none of these cases have I been able to render any therapeutical service whatever.

In the last case it will be my endeavor to keep the patient in the hospital, so that I can trace the clinical history through its entire course.

I will just say, however, with reference to these illustrations, that, if you will cast your eye backward, I think you can not fail to see, first, that there is sufficient ground for pathological distinction; and, second, if I could reproduce in your minds, as clearly as I see them in my own, the clinical distinctions, I am sure you will accord with me that there is a clinical diagnosis in phthisis, and that it is just and proper that it should be recognized; for if they are different in origin, different in modes of development and progress, therefore necessarily different in treatment, and different in issue, it is but right, whether the destructive agent is distinct in structure or homologous, that we should have a separate name to represent things, which, at all events, are different in their apparent nature.

In regard to treatment, Dr. Clark said he pretended to no special knowledge of the treatment of phthisis. Whenever he encountered any chronic disease he dealt with it on principle. Every organism has a righting, a repairing and a resisting power, and it exercises these powers in proportion as we give them fair play. He proceeded always in a chronic case to determine what would be fair play for the organism suffering. Hence, diet, air, attentention to the general functions, form always the first points of treatment in such a case. While the profession are ready enough to give a liberal supply of medicines, we too often overlook those minor details of daily life, which, in the end, make and unmake life. Of tubercular phthisis he had very little to say. The principal thing to do is to look after the general health. The tendency to resistance being lowered permits the advance of the disease with which the patient is threatened. If he could keep him free from colds, and consequently from pneumonia, he was practically doing as much for his patient as he could. There are no principles in medicine; it is, in fact, one of the most unprincipled of arts. Every organism is somehow or other different from every other, and it contains within itself the laws for its own management. The wise man, he who has the gift as well as the knowledge of healing, is he who with an instinct is ready to discover the laws of the organism with which he is dealing, and governs himself accordingly. It would be foolish to say in detail how he should deal with a case of tubercular phthisis. Regulated diet, moderate use of alcohol, air, exercise, avoiding colds, are the principal means to be used. He had tried this medicine and the other, hypophosphites, arsenic, iron, cod liver oil, etc., but he could not say, looking at the whole with an honest, critical eye, he could lay his finger on any remedy which has any specific influence. As regarded caseous pneumonic phthisis, he believed in the efficacy of treatment. In an acute case he had great faith in treatment. He puts his patient to bed and keeps him there until his temperature falls below 100°, no matter how long that may be. In cases where the secretions are scanty, the tongue dry, temperature high, pulse quick, he satisfied himself with a free use of salines and with counter-irritation. If he found the patient remaining feverish, he gave up citrate of potash, and put a drachm of antimonial wine into a tumblerful of water, and made him sup that during twenty-four hours. The skin breaks out into perspiration, tongue becomes moist, expectoration usually begins; then he immediately stops and treats his patient with effervescing alkaline salines with quinine and citric acid. He next feeds him with milk and beef tea. We often forget, practically, that liquid food goes quickly to the lung. In cases where exudation is going on in the lung, we minister to it by filling our patients with fluid food at short intervals. In rapidly extending pneumonia he had seen exudation hurried to a fatal end by the administration of fluids every half-hour. Food should be given in a more solid form, and not oftener than every four hours. This is one of the forms in which he believed alcohol to be extremely useful. In cell proliferation alcohol is useful, and he would extend it to scrofulous diseases generally. In regard to change of air, he first found out whether the most comfort was experienced in the valley or on high land, and would be guided accordingiy. Hence what suited one person would be death to another. He deprecated the sending of patients away from home comforts when the disease was far advanced. Maderia and the south of France were the favorite and fashionable health resorts of English consumptives, but he knew of some remarkable instances where the murky atmosphere of London gave the greatest comfort to phthisical patients. He thought highly of our Colorado canons and Florida, and regretted that they were not more easy of access to European phthisics.—*Med. Record.*—*Canada Med. Record.*

The Theory of Germs, and its Application to Medicine and Surgery, by Pasteur, Joubert, and Chamberland.

BY JOSEPH WORKMAN, M. D., TORONTO.

From Canada Lancet, of February 1st.

Concluded.

We have distinguished the carbuncle bacterium, and the septic vibrio, as agents of contagion, disease and death, not because they generate chemical poisons, but because the animal economy can afford them the means of culture. We now have to notice a third species, equally capable of multiplying in the living body, and of provoking in it a pathological state different, as will be seen, from the morbid manifestations which arise from inoculation of the carbuncle bacterium or of the septic vibrio. Here we have a proof that the pus formed by our organism is allied to the specific character of its structure. The quantity of pus, for example, furnished by the bacterium and the septic vibrio, at the point of inoculation, and outside of it, is so little apparent, that it frequently passes unnoticed.

The microbio of which we now treat may propagate itself through all the muscles, penetrate into the blood, into the lungs and the liver, and determine in these organs the formation of purulent foci, metastatic abscesses—in a word, a purulent infection and death. This invasion, however, of the whole body is much more difficult than that of the carbuncle bacterium or the septic vibrio. Whilst the inoculation of the most minute quantities of the latter organisms conducts, so to say, infallibly to death, that of our microbio, in similar proportions, is limited to the production of abscesses which cure spontaneously, either because they suppurate and open, or because the pus is resorbed, and the microbio which accompanied it disappears, conquered by that which I would call life, vital resistance, *vis medicatrix.* If, however, the number of abscesses have been increased by that of the inoculations, it frequently happens that the cure of these can not be effected, and it is then the microbio penetrates through every part, and the muscles become as if impregnated by it.

We may say that this new organism, previously subjected to a temperature of 110° C. (230° F.) and thus entirely deprived of life, yet preserving its form and volume, provokes, when inoculated under the skin, in the same manner as inert solid bodies, abscesses consisting of pus entirely pure, free from smell, and devoid of living organisms. This mode of inoculation does not, however, permit the production of abscesses in the viscera. In these conditions the dead microbio operates only locally; but in the same manner as when inert bodies are injected into the blood, and the formation of metastatic abscesses is provoked, so also it is easy to obtain such abscesses either by the living or the dead microbio, by injecting substances containing it into the jugular vein. In this case the lungs, and especially the liver, become filled in twenty-four hours with an infinite multitude of metastatic abscesses, in all stages of evolution, from the mere inflammatory blotch to the small white pustule full of pus, surrounded by a yellowish areola. As regards cure, that is, the disappearance of the abscesses, matters progress differently in the two sorts of inoculation. The animal inoculated with the living microbio almost always dies speedily, and any part of the liver or the lung, immersed in an inert liquid, reproduces the microbio. If the consequences of the inoculation have not been fatal, the disappearance of the abscesses and of the microbio in the viscera is more slow than in the cases inoculated with the dead microbio. It may therefore be inferred, from the preceding facts, that pus, accompanied by living microscopic beings, whose life is possible in the animal economy, gives place to disorders of greater severity, and more difficult of resolution, than pus which may be called pure.

We have here an example of a purulent affection localized in the viscera, and provoked by extraneous bodies, or by pus entirely free from living organisms. It is the case of the thorn of Van Helmont. An extraneous body leads to the formation of pus; proper pus has this faculty, and it is thus that we may say, metaphorically, pus engenders pus.

If time would permit, I might allude to the process of the resorption of metastatic abscesses. The phenomena presented in these minute formations are truly curious, and that which is particularly interesting is to observe the facility with which nature disembarrasses herself of purulent foci which cover, sometimes in profusion, all the lobes of the liver.

There is another point in our studies on which I would desire to address the Academy. I mean the special formation of pus. We have, however, arrived at conclusions so opposite to those which have currency in medical science, and it is so difficult to form a clear decision in these most delicate investigations, that I reserve it for a subsequent communication. At the present, as regards ourselves, the red globules of the blood become, by transformation, pus globules. In the science of observation, however, illusion is rather easy when it rests on only a limited basis.

I hasten to reach another order of facts, which merit still more than those which precede the attention of the surgeon. I refer to the effects of our microbio as a generator of pus when associated with the septic vibrio. Nothing is easier than the implanting of two distinct diseases, and of producing one which may be called a purulent infectious septicemia, or a purulent septicemia. Whilst the microbio generator of pus, when alone, forms an allied pus, white, lightly tinged with yellow, or greenish, in no way putrid, diffused, or involved in what we call a pyogenic membrane, not offering generally any danger, especially when located in cellular tissue, and prepared, as it were, for the purpose of prompt resorption, the small abscess, on the contrary, provoked by the microbio associated with the septic vibrio, takes on a gangrenous aspect, and becomes putrid, greenish, and infiltrated in the softened flesh. In this case the microbio generator of pus, carried, so to speak, by the septic vibrio, accompanies it through the whole body, and the highly-inflamed muscles, filled with serosity, presenting at many places globules of pus, appear as if crammed with the two organisms. By a similar artifice the effects of the carbuncle bacterium and of the pus generating microbio may be combined, and we may obtain the superposition of two diseases; that is, a purulent carbuncle, or a carbunculous purulent infection. For the present it is well not to overrate the predominance of the new microbio over the bacterium; if, however, the microbio be associated in suitable proportion, it may completely baffle, or impede, the bacterium in multiplying in the body. Carbuncle is not manifested, and the evil, quite local, is reduced to the formation of an abscess, easy of cure. The microbio generator of pus and the septic vibrio being both anerobious, it will be understood, from the demonstrations in a former portion of this article, that the septic vibrio will not be much incommoded by the connection. Nutritive aliments, both liquid and solid, will not fail in the organism for such small beings. But the carbuncle bacterium is exclusively aerobious (air living), and the proportion of oxygen is far from being scattered in profusion at all points in the body; a thousand circumstances may therefore diminish or suppress it here and there, and as the microbio generator can live in air also, it may be understood that from its larger size it may draw from the bacterium alongside the oxygen needed by it. Whatever may be the explanation of the fact, it is certain that the microbio here treated of, in certain circumstances, impedes the whole development of the bacteria.

In conclusion, we may say that the details which have preceded show that we can at will produce purulent infections exempt from every element of putridity—purulent putrid infections and carbunculous purulent infections; various combinations of this species of lesions, according to the proportions of the specific microbios which have been brought to act upon the living organism. Such are the principal facts I had to communicate to the Academy in my own name and in that of my co-laborators, Drs. Joubert and Chamberland. The Academy will remember that in the course of the chirurgical discussion which took place before it I presented a series of propositions without demonstrating them. All these have now been defined in the lecture which I now close. Some weeks ago (in the session of March 11) one of the members of the Academy, Dr. Sedillot, declared that our successes in the new departure in surgery furnish a rational explanation to the newly-inaugurated theory of the celebrated English surgeon, Dr. Lister, one of the first to comprehend its value.

Clinical Lecture on Syphilis in Relation to Marriage.

BY DR. ALFRED FOURNIER,

Hôpital St. Louis, Paris.

Notes by DR. CHARLES W. DULLES.

GENTLEMEN—The question whether a man who has contracted syphilis may marry is one which is not infrequently asked of a physician, and one which he may not avoid, notwithstanding that it casts upon him the gravest responsibility. If his answer be a positive "No," it is apt to involve for the inquirer celibacy, with irregularities the temptation to which he can not resist, the deprivation of all that is dear in the idea of family, and many evils which may result from these. If the answer be "Yes," there may ensue equally disastrous consequences. The marriage relation may be the means of communicating to his wife the disease under which he labors; and his children may die before their birth, or come into the world unfit to exist. What can be more terrible than the position of such a man *vis-a-vis* his wife and children? Remember this, gentlemen, when asked this momentous question.

But, from what I have said, are you to conclude that syphilis is an unsurmountable obstacle to marriage? No, it must not be so considered. This I may say with positiveness, since there have been cases enough to demonstrate its truth; cases where the disease has been communicated to neither wife nor children. I have myself seen fifty-one such, and eighty-two children born and living healthy in spite of the previous disease of their father. When I reflect upon these happy families, I can not but think what an error I should have committed had I always said an inflexible "No!" to the question whether marriage is permissible after contracting syphilis.

My answer to this question is not "No," but "Yes"—under certain conditions. It must be well weighed that syphilis is dangerous in three ways: 1st, to the wife; 2d, to the child; 3d, to the family relation.

First, then, syphilis is dangerous to the wife, for she may contract the disease from manifestations recurring after it seems to have subsided, or from secondary lesions upon any part of the body, by means of the multiplicity of contacts and *rapports*, so incessant and intimate, of married life. It is very rarely that under such circumstances a woman escapes contagion from a man with secondary syphilis.

But besides this there is a means of contagion less apparent, less likely to be suspected. A young woman may present manifestations of secondary syphilis and no sign of a primary lesion. The husband, in distress, declares that he himself has had no lesion since he married, that, with your warning against this danger in his mind, he examined himself carefully and constantly, and that he trusted your assurance that all was right. How can this be accounted for? Infallibly in such a case you find that the wife is at that time pregnant, or that she has recently aborted. The syphilis was communicated by conception. Of the way in which this takes place we know absolutely nothing. Of the fact my experience does not permit me to doubt.

In the second place, besides the danger to the wife, and even should she escape, syphilis involves the child in danger. The error of teaching that paternal influence is not to be dreaded is enormous. When it is seen how the father's influence makes itself known in the offspring, in form, shape, height, and tendency to special diseases of body and mind, how can we deny the force of analogy in regard to syphilis?

There are cases, it is true, where the father has not communicated this disease to his child, and enough of them; as, for example, where a syphilitic man had, at about the same time, a child by his wife, who was syphilitic, and so was the child, and one by his mistress, who was not syphilitic, and her child was sound. A second instance I can quote of a syphilitic man whose child was born healthy and contracted the disease two years later from its father's kisses.

But this concession is only one side of the question. On the other hand, it is a rare occurrence, but true, that a father has begotten a syphilitic child and the mother remained unaffected. Besides which, we must take into consideration the important matter of abortion, which occurs so often with no other cause discoverable upon the most searching examination. When such cases come under your notice, where abortion has followed abortion in women apparently healthy, you may suspect, and will usually find, that it is due to the syphilitic influence of the father upon the fœtus.

Thus much of children whose father alone is syphilitic. When both parents are diseased we find that the children die *in utero*, or are born with syphilis, or with a miserable, weak, cachectic constitution, ready to fall a prey to disease of almost every sort. I can recite you the case of a woman who, having given birth to three healthy children, contracted syphilis from her husband and then had four still-births and three abortions in succession.

The children of the second class, born with syphilis, for the most part do not live long. The disease soon terminates their existence. Those of the third class may show their debility at once, or give no sign, looking well the day of their birth and dying the next, without apparent cause; or they may grow awhile, delicate and feeble, with little power to resist disease, and predisposed to scrofula, idiocy and convulsions.

In the third place, syphilis is dangerous to the family relation. I am not a preacher, gentlemen, but I speak to you *en honnete homme*. We may not, in the discharge of our professional duties, overlook the importance, to the state and to mankind, of the social relations. And so I feel that a man with uncured syphilis has contracted a physical debt which he must inevitably pay; and I ask you, Can he marry honestly? Suppose he gets children, and then falls sick and can not work to support his family. Dare a man risk this? No! If he marries, uncured, it is an immoral act, an act of injustice to the community. Alas! such things are not uncommon. I know a case of a man who, after marrying and getting children, lost his nose by ulceration, and became an object of disgust to all who knew him, unfitted for his former associations, and branded with the consequences of an almost forgotten disease. Another man had a late affection of his eyes, and lost them both, by which his means of support was gone, and his family became dependent upon the city. Another, a doctor, impotent from paraplegia, came into the same condition. Another, after a few months of married life, died, leaving his young wife *enciente*. Another had cranial exostoses, a cerebral affection, and epilepsy; lost his reason and his money, leaving his wife and children in poverty.

In view of all this, our bounden duty is to declare to a questioner what may be the consequences of a marriage after the contraction of syphilis. Where there is serious danger of such results as I have named, no man can, no man has the moral right to take a wife and beget children.

But this rule must be most carefully applied; for, as I have said already, we may not invariably refuse our consent to marriage after syphilis has been contracted.

Now, however, we approach grave difficulties, and are confronted with the usual embarrassment of proceeding from theory to practice.

When and under what conditions, then, is marriage morally permissible to one who has contracted syphilis?

The conditions that are indispensable I believe to be the following:

1st. *Absence of actual manifestations.*
2d. *Advanced age of the disease.*
3d. *A period of immunity since the last outbreak.*
4th. *A non-menacing character of the disease.*
5th. *Adequate specific treatment.*

It might be thought somewhat superfluous to say that *no one should marry who has actual manifestations* of this disease—that these constitute an absolutely insurmountable barrier; and yet I have seen men bold enough to ask the question, and have even seen two cases of marriage with a chancre at the time. Some men act thus from ignorance; some cynically brave all the danger; some, from weakness, fear of exposure and scandal, allow the consummation of a union into which they should by no means enter: but for none is there a reason which can justify them.

The second condition, *advanced age of the disease*, depends upon the fact that the fresher, the younger the attack of syphilis, the greater is the liability to accident from it. Thus the presence of secondary manifestations constitutes a very formidable danger; and even when they have disappeared they are apt to return. There are certain situations, also, as about the mouth and genitals, where they may be present as simple erosions and deceive a most careful observer. This fact of the decreasing danger as time goes on is shown in cases where at first a healthy mother has aborted, and later, without her husband's being treated, she has ceased to abort and given birth to healthy children. I knew a mason who, when he married, had a syphilitic roseola. His wife was infected, with the following issue of her pregnancies: in the first she aborted at four months, in the second at five, the third child died before term, the fourth and fifth were born syphilitic, and the sixth, seventh and eighth showed no sign of the disease.

The precise time when a previously syphilitic person may marry is hard to determine, and must be considered with due estimation of the sort of treatment that has been employed and its effect; but I may say that I think the minimum time since infection should be three or four years. Before the lapse of three years I will not permit it, as I have seen the saddest results follow such a course. Later the probabilities are better, and, with the exercise of proper care, the dangers are not great.

The third condition I mentioned was *a certain period of immunity since the last outbreak*. By this I mean an *absolute* immunity for a certain length of time. This marks the subsidence of the acute stage, called secondary, and shows the effect of treatment as well as the character of the disease in each case. If these are such as to encourage you, I think, while no invariable period can be set down, that we may consider eighteen months as a minimum, under which I would not myself sanction marriage.

The fourth condition is a *non-menacing character of the disease*. This is a most important consideration. When syphilis yields rapidly to treatment it is a favorable sign; and, conversely, if the form is grave and less tractable, it is more dangerous, and much greater caution must be used. To enumerate some of the characteristics which are grave, I might mention multiformity, multiplicity, or intensity of lesions, a seemingly deep impression upon the general health, and stubbornness against treatment. Besides this, there are certain organs, the implication of which is very serious, as the brain and spinal cord; lesions of these being extremely dangerous and apt to recur. I should require a very long period of immunity in such a case. I remember a young man whose arm had been partially paralyzed, who married in spite of my warning, and in ten days had an attack of paraplegia, followed by insanity and speedy death in an asylum.

Finally, an indispensable condition is *adequate specific treatment*. The individual who has contracted syphilis is dangerous, and must be treated. This is the best protection to the community, and needs no argument to support it. Syphilis properly treated rarely progresses to the tertiary stage, while that which is not properly treated almost always does. Treatment diminishes its contagiousness and hereditary transmissibility. Many cases could be cited to illustrate this, where proper treatment of a husband has put a stop to his wife's aborting, and where abortions consequent upon syphilis of both husband and wife have ceased and healthy children been born. It is especially important that at the time of procreation both husband and wife should be under treatment. I know a case where a syphilitic woman, who had aborted seven times, went under treatment, and gave birth in the eighth pregnancy to a healthy child, and then to another in the ninth. She now omitted treatment, and her tenth pregnancy resulted in a syphilitic child that died in six months. Returning to treatment, she became pregnant again and had a healthy child.

Adequate treatment, therefore, is a capital and essential condition to marriage of a syphilitic.

I have thus, gentlemen, laid down what I think are the conditions upon which one who has contracted syphilis may marry. It is not an invariable programme, but simply the result of my personal observation, and what may, indeed, be modified in the light of subsequent information. With these considerations in my mind, when the question we have been studying is presented to me, I feel sometimes quite sure of my ground, and speak out positively and at once. At other times I do what you will doubtless have to do, wait and observe; in doing which, I likewise explain the case to my patient, and impress him with the importance of being as careful as possible in a matter so grave, and which is at best a calculation of probabilities. On one side there is danger which can not be overestimated, on the other comparative health, safety and happiness.

If, then, we deal thus honestly and conscientiously with those who seek our advice in this serious matter, with due caution against the ills which may result from an unwise permission, and appreciation of the unhappiness which may follow an unnecessary refusal, we shall execute an office salutary to the state and of the greatest benefit to our fellow-men.

MICROSCOPY.

Illumination with High Powers by Reflected Light—Something More About the "Nucleus" in the Red-Blood Corpuscles of Mammalia.

BY J. EDWARDS SMITH, M. D., CLEVELAND, OHIO.

THERE are two methods of illumination used by the working microscopist, viz: transmitted and reflected light.

The use of transmitted light, in the large majority of observations made with the microscope, resulted from the fact that in the past it was difficult to obtain *reflected* light of sufficient intensity for the use of the higher powers. Indeed, it has been almost impossible to display an object *well* by reflected light under amplifications of more than two hundred and fifty diameters.

Several years since, Prof. H. L. Smith, of Geneva, New York, brought into notice his peculiar illuminator for work with reflected light; subsequently, the Messrs. Beck, of London, brought out their "vertical illuminator," which was, in fact, but a modification of the idea before presented by Prof. H. L. Smith.

The Beck instrument consists of a tube, one end of which has an interior thread to receive the "society screw;" the other end has the same thread cut on its exterior surface. In practice the "illuminator" is screwed to the tube of the microscope, and the objective in like manner is fitted to the free end of the tube.

The tube, which is about one inch in length, contains an ordinary glass cover disk, and is mounted so as to admit of rotation. This disk serves as a reflector to throw light *downward* through the objective on to the object on the stage. The tube is also pierced laterally with an opening for the admission of the light to be used. There is no light intended to be admitted from below the object.

This little instrument was intended to be used with medium powers, and with dry objectives, and it did its work very well.

Some three years ago it occurred to Mr. George W. Morehouse, of Wayland, New York, to try the working of this device in connection with the wide apertured immersion glasses, which were at that date coming rapidly into vogue. Mr. Morehouse reasoned thus: that, with the immersion systems, the light proceeding from the reflector in the rear would pass through the objective—the water immersion—the glass cover, directly and without interference; and, if so be that the object to be observed should contact the cover, then the light would be conveyed directly to it.

Mr. Morehouse was amply rewarded, for, on trying the experiment, he was astonished at the results obtained. With his wide-angled glasses, in conjunction with the illuminator, he had no difficulty in displaying the most difficult test objects under amplifications of three and four thousand diameters.

Mr. Morehouse was kind enough to inform me of his experiments, which I repeated at once, without the least difficulty; and, after some further experimenting, I devised another modification of the illuminator, which consisted, essentially, of a little shutter to the lateral aperture, by means of which the light was the better controlled, and the definition materially enhanced. I now had the satisfaction of seeing, by the combined use of the "duplex" objectives and the modified illuminator, the celebrated Nobert Nineteenth Band by reflected light. The exquisite beauty of this display was far in advance of the results obtained by transmitted light.

Not only this object, but the entire line of difficult tests were beautifully shown, and under powers of three and four thousand diameters, and, of course, by reflected light.

Having in a little time, by dint of practice, learned the use of the instrument, I turned my attention to the investigation of histological specimens. Among the objects thus selected was a slide of human blood, which was mounted on the spot, and without chemical treatment, by simply placing a tiny drop of blood on the slide and covering at once with thin cover.

With the illuminator, in conjunction with the duplex wide apertured objectives, and under amplifications of say thirty-five hundred diameters, the nuclei of the red corpuscles were beautifully brought out, on perhaps three-fourths of the disks examined, and many other things of great interest, all of which were totally invisible by the ordinary methods of transmitted illumination—in fact, a new study of rare interest was presented.

The above facts were immediately communicated to my friend, Dr. C. P. Alling, the secretary of the Dunkirk Microscopic Society. Dr. Alling was at that time preparing a paper on the microscopy of the blood, and my observations were incorporated therein, and were thus presented to the public. This occurred some two and one-half years ago.

It has been my intention to prosecute this line of study, and hope so to do at no distant day.

It may be well here to inform the reader that the "vertical illuminator" can only be used for this class of work, in conjunction with objectives of high *balsam* apertures, *i. e.*, such as deal with pencils of greater than those having *air* transmission of 180°. The larger the balsam angle of the objective, other conditions being equal, the better the work of the Beck illuminator.

Of late, other observers claim to have seen the "nucleus" in the red blood corpuscles, but, as I am informed, the specimens were previously subjected to treatment by chemical reagents. The uncertainty attending this treatment of specimens is well known and appreciated by accurate investigators.

Referring to an article which appeared in the November issue, by Charles H. Stowell, M. D., on the "Nucleus of the Red-Blood Corpuscles," I beg to say that no errors yet "have been invariably pointed out" in my published observations. If the author of the said article can show me to have been in error, I hope that he will so demonstrate to the readers of this journal, and at an early day. Meanwhile, I lay claim to having been the first to see the red corpuscles of mammalia without chemical treatment of the specimens observed, and by reflected light, under powers of three and four thousand diameters.

The "Zeiss Oil Immersions" Compared With Tolles & Spencer's Duplex Objectives.

BY J. EDWARDS SMITH, M. D., CLEVELAND, OHIO.

Some few weeks since I solicited from a friend the loan of his Zeiss Oil Immersion, one-eighth objective, my object being to compare the same with American objectives by Spencer & Sons, and also with a superior Tolles one-tenth, which has been in my possession for some four years, and is the same glass with which your readers are already familiar.

The owner of the Zeiss one-eighth promptly responded to my request, and, in turn, I gave it my prompt attention.

On testing the Zeiss one-eighth over shells of ordinary difficulty, but mounted under covers of varying thickness, I at once discovered that to work the Zeiss at its *maximum* it became necessary to change the length of the tube, to accommodate the glass to the thickness of cover employed. This necessity, I afterward learned from the circular issued by its maker, is by him fully recognized.

On the other hand, I am fully satisfied that the novice unaccustomed to the use of wide aperture glasses, would, by working the Zeiss at a distance of ten inches, get much better results than would occur in the use of the Spencer or Tolles duplex glasses, but, for reasons already given, the Zeiss should be furnished with adjusting collar.

In general, the work of the Zeiss over difficult test objects was very satisfactory. Any attempt to depreciate these glasses would be a step in a wrong direction. They are entitled to a place in the front rank of modern wide-angled objectives.

Comparing the Zeiss one-eighth with the Tolles duplex, working the latter with glycerine, I must admit that the Zeiss got the better of the Tolles. The difference was not remarkable, and perhaps Mr. Tolles might truly claim that his late work would surpass the one-tenth named. The superiority of the Zeiss was displayed in the exhibition of the *striae*, while the images of the entire shells were best shown with the Tolles.

Compared with a late Spencer one-fourth of high balsam aperture, the little fourth, in my opinion, came out ahead, but to determine this I had to select particularly difficult valves of the balsam mounted amphipleura pellucida. Over the No. 20 of the Moller plate both glasses gave me beautiful shows, but it must be kept in mind that the Spencer glass had but one-half of the nominal power of the Zeiss.

The Zeiss was returned to its owner with substantially the above verdict.

Subsequently, after my experience with the "oil of cedar," it occurred to me to experiment with different oils, and with the glasses at my command. As a *dernier resort* I tried *coal* oil, and was amply rewarded.

Working the Tolles one-tenth or the Spencer with the coal oil, I got finer results than ever before. The Zeiss having been sent home to its owner, I was debarred from making close and immediate comparisons, but I have no hesitancy in saying that, with the coal oil immersion, the Tolles one-tenth will equal and the Spencer one-fourth excel the Zeiss one-eighth.

The conclusions thus arrived at received the concurrence of a medical friend who was present at the examinations, and who immediately afterward ordered a Spencer one-sixth duplex objective.

As to the coal oil, I am very glad to make its acquaintance. With the glasses before named it gives an added force of at least twenty per cent.—that is for work by oblique light. With central light its performance is not as satisfactory as is the use of water.

Thus it seems curiously enough that I have had "oil immersions" in the house for years and did not know the fact!

One more word and I am done. With the Spencer one-fourth and coal oil immersion I now see the No. 20 of the Moller plate, without prism or sub-stage arrangement of any kind whatever, and strong enough to show to those accustomed to such displays. The use of the oil also decreases the difficulty of manipulating wide apertures glasses.

Trichinæ in Pork.

By the instructions of the Commissioner of Health of the city of Chicago, Dr. Oscar C. DeWolf and Drs. Atwood and Belfield have recently been examining specimens of pork slaughtered in that city, with reference to their containing trichinæ. In a report dated December 15, 1878, they state that one of the sanitary officers procured for them specimens of pork from each of the packing and slaughtering houses of Chicago, taking from each hog two pieces—one from the tenderloin (*psoas muscle*), the other from the ham. These longitudinal sections were cut, and immediately transferred to the live-box, either in water, glycerine, or a mixture of water, glycerine and acetic acid. They were then examined with a Bausch & Lomb three-fourth objective, and A ocular. Specimens from a hundred hogs were examined, and nearly twenty sections to each hog. They had intended examining one thousand hogs, but, on account of the urgency of the request for an early report, they gave the results arrived at on the first hundred.

Eight of the one hundred hogs were infected—the ninth, twenty-fifth, twenty-ninth, fifty-third, fifty-fourth, sixty-third, seventy-sixth, and ninetieth. Some were badly infected, while in others comparatively few parasites were found. In all cases the hams were apparently free from trichinæ, those found being always contained in the psoas muscle.

In reply to the question of the Commissioner as to whether the trichinous hogs are generally out of health, the examiners say that nothing in their observations would prompt them to answer in the affirmative.

Again, in reply to the query, "Are there any practical means by which our meat inspectors can detect the parasite in a carcass of meat?" they state that the microscope is the only infallible means. To the unaided eye the infected meat presents no peculiar appearance, unless the parasites be present in excessive numbers. The German government has for some years made a microscopic examination of pork a necessary preliminary to its exposure for sale.

In regard to the practical and important query, "How is it that, since eight per cent. of our hogs are trichinous, cases of trichinosis are so rare?" Drs. Atwood and Belfield reply: "We would advance three propositions—first, that in most instances the meat is previously subjected to thorough cooking, whereby the worms are killed; second, that in consequence of the close resemblance of the symptoms of trichinosis to those induced by other causes, notably typhoid fever, is it not probable that, in some instances, it has been mistaken for other complaints? third, that the ingestion of a certain number of living trichinæ is followed by no unpleasant results."

They state that the prevalence of trichinæ in the human family is more extensive than is generally supposed, as is proven by the researches of Turner, Wagner, Virchow and others (as stated by Ziemssen): "These observers found that from two to three per cent. of all bodies examined, in which there was no suspicion of the presence of the parasite, contained trichinæ. Indeed, there seems to be no limit to the number of trichinæ that a man may sustain with impunity; for, in numerous instances, the bodies of patients never suspected of having suffered from trichinosis have been found, *post mortem*, to contain enormous numbers of these worms."

Half-Inch Objective of Bausch and Lomb Optical Co.

Mr. Ed. Bausch, of the Bausch & Lomb Optical Co., recently made for us a half-inch lens that we think any of our microscopic friends would certainly be well pleased with. It is marked 80° angle of aperture, a few degrees higher than the Company advertise their widest angle half-inch. Although we have had the glass a week or two, we have not had time to study its power, as we intend doing at a future time. We are enabled to state, however, that it has satisfactory flatness of field, clear and sharp definition, so that with the deepest eye-piecing we were able to submit it to, it did not exhibit the slightest tendency to break down, but the image continued to stand out prominent and well-defined. In resolving power we found that with it we could easily resolve the most difficult p. angulatum in our possession with a C eye-piece. The resolution, too, was perfect, all the striæ being shown. The lens is easily demonstrated to be a true half-inch. It is not a 4-10th, like many English objectives, marked a half-inch. This Company do not overrate their lenses, like most of the English makers, but each glass is of the power it has marked upon it. Their 4-10th has not any more magnifying power than many marked as a half-inch. It is without adjustment for glass cover.

GLEANINGS.

Salicylic Acid in Scarlet Fever and Diphtheria.—It may be interesting to some of our readers to know that in salicylic acid we have one of the most reliable remedies in the treatment of scarlet fever and diphtheria. For the last three years I have used, with unvarying success, the salicylic acid suspended in mucilage in both mild and severe forms of scarlet fever, and have seen the throat-symptoms and fever rapidly abate, and the patients make rapid recoveries. On being called to a case, I have given doses varying from five to ten grains every two hours, until the throat-symptoms and fever abated, and find that little patients, for whom we can do so little, when obliged to use the mop or brush to the throat, experience no inconvenience in taking this medicine, which, being simply in a state of suspension, has a chance of, at least a portion of it, remaining on the throat and so acting as a topical remedy, while the remainder acts as an invaluable anti-pyretic.

The success in cases of scarlet fever has led me to try the same remedy for diphtheria; and I am happy to say that, in the most virulent cases of diphtheria, I have seen the pellicle broken up and the diphtheritic patch removed in a most marvelous manner. Indeed, since the use of salicylic acid in diphtheria, I have not seen one fatal case, although several were of a very dangerous type. It is but fair to say that, in diphtheria, my mode of action is giving the salicylic every four hours, and tinctura ferri perchloridi (P. B.) alternately with it. Some may probably say, "How do you prove that it is salicylic acid which removes the patch, when you use iron also?" My answer is that, at first, I trusted solely to salicylic acid, and found, in mild cases, that it answered every purpose, but that in more severe cases, accompanied with much debility, there seemed to be a tendency to return of the disease on discontinuing the remedy. I was thus led to use the iron, alternately with the acid, as a blood-restorer. To prove that iron was not the sole active agent in the cure, I can but point to the many failures of iron as a local application in the past treatment of diphtheria; whereas with the salicylic treatment, I have not known one single case of the pellicle spreading under its use.

I append the form I use:

℞

Acidi Salicylici.	ʒi vel. ʒij.
Syrupi Simplicis,	ʒ iv.
Mucilaginis Tragacan,	℥i.
Tinctura Aurantii,	ʒiv.
Aquæ. q. s. ad.,	℥vi.
Fiat Mistura,	
Capiat,	ʒiv. 2 dis horis.

—*Hospital Gaz. and Arch. Clin. Surg.*

JAUNDICE DUE TO THE PRESENCE OF LUMBRICI.—The patient in this case, a boy aged six, was brought to me on October 10, with symptoms of obstructive jaundice. Upon inquiry I learned that he had been ailing and generally out of sorts for a week, complaining of abdominal pain and headache, and of feeling very tired, with loss of appetite, etc. The bowels had been relaxed, and the skin gradually becoming more yellow, since the onset of the attack; there was no sickness or nausea; the motions were very pale and the urine of a very dark color. From some of the above symptoms I suspected the presence of some specimens of the ascaris lumbricoides in the alimentary canal, and on inquiring into the history of the patient I found that he had passed several round worms about four or five months previously. I ordered a powder, consisting of three grains of santonin and one grain of calomel, to be taken. Two hours subsequently to taking the powder the child vomited, and during the day the bowels acted three times, the motions being still of a pale color. He complained to his mother that every thing looked yellow. On October 11 he passed two round worms, twelve inches long, and the powder was repeated. On the following day four lumbrici, nine inches long, were passed, the child being still slightly jaundiced and the motions pale. On October 14 the jaundice had all but disappeared, and the motions had improved in color, no other worm being passed. On October 16 the boy was quite well, and the motions had resumed their normal color. The cause of the jaundice here is perhaps open to doubt, but in my opinion it was produced, either directly or indirectly, by the presence of worms in the intestines. Probably a worm had entered the common bile-duct, and so caused biliary obstruction, or, possibly, the mass of worms had occluded the orifice of the duct, with the same result, or, again, the irritation set up by the presence of the parasites had produced a temporary catarrh of the duct, and so caused the jaundice. I have thought the case worthy of record, as possibly the presence of the lumbricus is a more frequent cause of transient jaundice in children than is usually supposed, and especially so in localities—as is the case here—where the lumbricus is of very common occurrence.—*R. L. Ratterbury, M. B., in British Medical Journal.*

THE MALARIAL FEVER OF CYPRUS.—John Sullivan, M. D., M. R., C. P., in London *Medical Times and Gazette:* The origin and nature of that miasma, or malaria, which gives rise to the fever-ague is identical in all the regions on the earth's surface; but its effects on the human body, or the type it assumes, will vary with climate, condition and conformation of the soil. Marsh fever is the declared reaction of the living organism against the cause of infection. The poison of malaria in a malarial soil accumulates in the human system when exposed to its influence, and after an incubation of more or less duration, certain morbid phenomena present an indication of the explosive effort made by nature for the elimination of this poison. A paroxysmal fever is evolved; and when this has passed away then follows intermittence, or a complete suspension from fever. Now, intermittence is the constant and special character of the fever from exposure to marsh malaria; and whenever the characteristic three stages—the cold, the hot and the sweating—do not declare themselves frankly and in due succession, this must be in consequence of some cause, due to climate and locality, influencing and impeding the natural development of a frank intermittent, and frequently from some peculiarity of constitution of or some organic complication in the patient. This fever, known as and *improperly* termed a *marsh* or *paludinous* fever, may arise from conditions of soil in which no marshes are to be found, but in which all the conditions which render marshes unhealthy exist, as in the island of Cyprus, with a soil rich, damp, uncultivated, and impregnated in many parts with mineral salts; a land which, lying waste for centuries, has become a focus of an intensified malaria productive of a fever of a special type or mode of development. In that form of malarial fever known as "Roman fever," the first or cold stage is of long duration, and the type is typhoid; whereas, in the malarial fever of Cyprus, the cold stage may pass unnoticed, or may be absent, while the hot stage is the most violent and prolonged, always lasting at least forty hours, followed by the sweating stage. In the Roman fever the nerve-centers and the spleen are principally affected. In the Cyprus fever the chylopoietic viscera are primarily involved, and the type is not typhoid.

Periodically Recurring Purpuric Hydroa.—Robert Saundby, M. D., reports the following case in the *British Medical Journal* of December 7: T. W. presented himself again on November 1, and I have been able to clear up the following points: The attack this time began on Wednesday, October 30, with itching and burning in his hands, etc.; on the previous Saturday and Sunday he had indulged in more than his usual quantity of beer, and he admits that such indulgence upsets his stomach. He was a teetotaler for six years, but still he had the attacks; however, he admits that he is likely to have one if he "have been out to supper" or had "extras." The first appearance of the eruption is distinctly papular; the centers of the papules become infiltrated with serum and form blebs of bullæ. I have seen T. W. again this morning (November 4), and the whole phenomena are much as they were on his previous appearance. There seems now to be no doubt that the disease is *ab ingentis,* and the eruption on the hands, etc., is identical with what has been called *urticaria bullosa;* the peculiarity of the case is the co-incident mouth affection. The treatment I am employing is a mouth-wash of chlorate of potash, a mixture of rhubarb and soda, and restricted diet. [Quinia and iron would soon cure this case.—EDS.]

ON THE USE OF ARSENIC AS A BLOOD AND CARDIAC TONIC.—In a communication to the *British Medical Journal*, Dr. Lockie calls attention to the remarkable results obtained by him in the administration of arsenic in certain cases of anæmia, and those cases in which iron and good food had failed to produce any benefit. His attention was first directed to the power of arsenic in this respect by a paper published by Dr. Byrom Bramwell, of Newcastle, in which he narrated several cases of essential or progressive pernicious anæmia where remarkable benefit accrued from the administration of this drug. Whether it really has the power of curing this disease—a disease which has hitherto baffled the resources of our art, and the good results apparently promised by phosphorus in the hands of Dr. Broadbent not having been obtained, to any extent at all events, by other observers—remains for the future to determine. Certain it is that in cases of anæmia approaching in gravity the so-called essential or pernicious anæmia, it is capable of producing great benefit. In support of this statement Dr. Lockie reports several striking cases.

A GOOD WATER-PROOFING FOR LEATHER.—It may be made by using paraffine melted with the requisite amount of drying-oil, and casting it into suitable blocks for subsequent use. This being softened by heat, the leather of the manufactured articles, as shoes and harness, are coated with it, and placed near a fire or in a warm place until the composition has been absorbed. When leather has been impregnated with the mixture it is not only perfectly water-proof, but it is also rendered softer and more durable. Shoes retain all their firmness and natural elasticity, and blacking makes upon them a better polish than before. This same composition is also useful for water-proofing woven goods. It is placed on the under-side of cloth for garments by melting and applying moderately with a brush, or by rubbing with a block of the preparation. The complete diffusion of it through the texture is effected by passing the cloth between hot rollers. Fabrics prepared in this manner, while they repel water, are perfectly pervious to air. For this reason they are superior to ordinary oil-cloth and rubber goods. They also look better than garments made of rubber, as the finished appearance of cloth is in no way changed by the treatment.—*Druggists' Circular.*

ON A NEW APPLICATION OF THE GUM-ELASTIC CATHETER.—Most surgeons have probably experienced the difficulty, in cases of tight stricture, that arises from the extreme flexibility of the small-sized gum-elastic catheters; for while they, on the one hand, double up and fail to accomplish their purpose, silver instruments are objectionable from their too great stiffness. To obviate the difficulty the following plan answers admirably: A gum-elastic, large enough to admit the passage down it of a No. 1 or 2, is cut off about three inches from the point and smoothed. The small instrument is passed down it to the cut end, and both are introduced together as far as the stricture. By keeping the outside catheter firm while the inner one is gently pressed on, one has all the advantages of a flexible *point* attacking the constricted canal in the center, and the instrument is supported right up to the point of action.—*W. Peel Nesbit, M. B., of South Australia, in Brit. Med. Jour.*

TOUGHENED GLASS—A WARNING.—We gather from our contemporary, *Nature*, that M. J. Laurent, of Marseilles, in the August number of the *Moniteur Scientifique*, warns the scientific world generally, and the chemists especially, against using toughened glass. He regards utensils made of De la Bastie's toughened glass as being no better than so many Prince Rupert's drops or Bologne flasks, from which, according to M. Laurent, they differ only in shape. He gives an instance where a dish made of this glass was used in a stearine manufactory at Marseilles, and broke suddenly into thousands of fragments on being placed upon the metal scale of a balance. It was at the time cooling down from 110° C., at which temperature it had been maintained for some time. It had been in use previously for about a month, and M. Laurent considers that its sudden destruction was altogether inexplicable, except by the theory above mentioned.

Book Notices.

Modern Medical Therapeutics. A Compendium of Recent Formulæ and Specific Therapeutical Directions. From the Practice of Eminent Contemporary Physicians, American and Foreign. By George H. Napheys, A. M., M. D., etc. Sixth Edition. Enlarged and Revised. Philadelphia: D. G. Brinton. 8vo. Pp. 607. 1879.

It has been but a very short time, indeed, since we noticed the fifth edition of this work. Its editions being exhausted so rapidly show how very popular it is with the profession. Notwithstanding the contempt many express for such books, yet one like this one will always be in demand. It affords a practical knowledge that not a few feel the need of, although it may plausibly be said that every physician should be able to make his own prescriptions, and he should. Yet eminent men of the profession, of large and varied experiences, not unfrequently devise combinations of remedies or formulæ of especial excellence that a knowledge of materia medica, therapeutics and pathology, without experience, would not lead to. A formulæ sometimes, as in case of the celebrated Dover's powder, or the pil. cathar co., acts as a remedy by itself, and is prescribed in conjunction with others as if it itself was not a combination. We have no doubt the most learned in medical lore can consult such a work as Dr. Napheys' with great advantage.

The work does not consist, by any means, of a mere collection of prescriptions, although it contains many hundred formulæ, but the symptoms of the various diseases are briefly stated, and the indications that are to be met described; then are stated the remedies, and the various combinations of them, as employed by the most distinguished practitioners, which the treatment requires. The diseases are arranged in alphabetical order, under the general nosological division to which they belong.

The author being dead, the editor, recognizing the fact that such writers as Watson, Wood, Aitken and Tanner, who, not long ago, were standard authorities, no longer represent the best therapeutics of the day, has made many substitutions in the present edition. The monographs and treatises, as well as the numerous medical periodicals of the last year or two, have been carefully examined and collated, so as to render the work a treatise on *modern* therapeutics. We feel very sure that the ordinary every-day practitioner will consult this work more than he will any other on his shelves.

REPORT ON YELLOW FEVER IN OHIO, AS IT APPEARED DURING THE SUMMER OF 1878. By Thomas C. Minor, M. D., Health Officer of Cincinnati. 8vo. Pp. 122.

A notice of this work should have appeared in a previous number of the NEWS, but it was crowded out.

Dr. Minor, Health Officer of this city, prepared this report by the direction of the Police Commissioners, who, rather ludicrously, have charge of the sanitary welfare of the city. It is a very full and highly interesting account of yellow fever as it has appeared in Ohio. As Dr. M. says, it is a plain statement of facts, without any attempt to indulge in theories regarding the causation of the disease.

Dr. Minor gives a very interesting history of the "ill-fated" steamer John Porter, which caused so much excitement in its noted trip from New Orleans to a point in the Ohio River opposite Gallipolis, Ohio, and which spread the germs of yellow fever for some miles about that city. He states that the epidemic outbreak at Gallipolis, during September, is most certainly proof positive that the disease, under favorable circumstances, may become epidemic in this State. He is of the opinion that an epidemic which occurred in Gallipolis in 1796, and which Dr. Daniel Drake asserted was an outbreak of malignant remittant fever, and not yellow fever, as maintained by some, was yellow fever.

Although Dr. Minor was formerly of the opinion that yellow fever has never appeared as an epidemic in this State, and published a paper to that effect, yet his recent experience and observation have led him to change that view. That the cases on the steamer John Porter originated an epidemic in our northern latitude there is too much evidence not to believe.

The report of Dr. Minor will be esteemed of the greatest value hereafter for reference. A full history is given of many cases from the incipiency of the disease until its termination, either by death or recovery—pulse, temperature and color of urine, etc., etc., with treatment from day to day. Being the first published account of epidemic yellow fever in Ohio, we have no doubt it will be quoted from as an authority many years to come.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D., London, F. R. C. P. Third American from the Fourth Revised and Enlarged English Edition. With 142 Illustrations. 8vo. Pp. 331. Philadelphia: Henry C. Lea. Cincinnati: Robert Clarke & Co.

In preparing a new edition much new matter has been added, for the purpose of making the work a more complete guide for the student.

This is one of the best, if not the very best, text-books of pathology and morbid anatomy in the English language. It is just such a work as the student and the practitioner, who has not time to read larger and more profound works, want. It is plain and concise in its descriptions, but sufficiently elaborate for a thorough understanding. We do not know how it could be very well improved, unless the design and scope of it were materially changed. It affords the student full information of the pathological results of the various diseases of the different organs and tissues of the human body according to present knowledge, and that is what is needed. Discussions and lengthy statements of opinions of different investigators are omitted as not essential. The student is not interested in such, and, in fact, is not yet prepared to appreciate them, and the busy physician has not time to give them attention. They are, therefore, very properly relegated to larger works, where they can be studied by the original investigator and special pathologist, to whom they are more particularly interesting.

There are 132 wood engravings, prepared from the author's own microscopical preparations. These will be found to be accurate, and of great value to the student. They alone are worth many times the price of the book to any one having a microscope and fond of using it. Price, $2.75.

PHYSIOLOGY: PRELIMINARY COURSE LECTURES. By James T. Whittaker, M. A., M. D., Professor of Physiology, etc., in Medical College of Ohio. 12mo. Pp. 288.

The object of this little book, as the author states, "is to put within the reach and comprehension of the first course student the foundation facts and principles upon which the stately edifice of physiology is built," and that he has succeeded a perusal will make evident. There are some dozen lectures, in which there are treated, "The Influence of Physiology upon Practice;" "The Conservation of Force;" "Origin of Life and the Evolution of Its Forms;" "Protoplasm, Bone, Muscle, Nerve, and Blood."

We have really not met with as readable a work for a long time. The style of the author is very plain and lucid, and facts and descriptions are presented in such a natural and interesting manner that the reader, before he is aware, has become interested, and is deeply absorbed in the perusal of the work. Even with one who is quite conversant with physiology, and, therefore, meets with nothing that he is not already familiar with, there is an attractiveness in the lectures which begets an interest and leads him to become engrossed in reading.

It occurs to us that the author has eminent qualifications as a popular lecturer, and, as such, would very soon attain to a distinguished position. The knowledge he has obtained by reading and research he evidently very thoroughly comprehends, in every respect, and, at the same time, is able to employ the language necessary to communicate it, and make it understood by others. He must certainly be a very popular teacher with the classes of the college with which he is connected.

With all due deference to the author, we are disposed to make some criticisms of some statements he makes. On page 264 it is said in regard to the red corpuscles of the blood: "They are to be regarded as thoroughly homogeneous bodies, like particles of jelly, and are in no sense cells, with walls, contents and nuclei." This, we know, *has* been the teachings of works upon physiology; but, in the last year or eighteen months, it has been demonstrated beyond a doubt that the red-blood corpuscles have not only nuclei, but walls and contents. If Dr. W. had kept himself read up in our microscopical department he would have been a year or longer, in some of his teachings, in advance of what he is. But then he is not behind very many men of note. Our same microscopical department, a few months ago, gave a much better mode of computing the number of blood-globules than is given on page 263; also, for more than three years, it has been shown in the MEDICAL NEWS, by Dr.

Richardson and others, that there is sufficient difference in the size of human blood corpuscles, and very many of those of the lower animals, as the cat, pig, ox, etc., with high powers of the microscope—say ranging from two to three thousand diameters—to render with a good degree of certainty whether a certain specimen of blood, yielding fifty or a hundred or more cells, is human blood or the blood of some *particular* lower animal, as a pig or beef. The corpuscles of a dog approach very nearly in size those of a human being; but still, while one of the largest of it may be equal in size to the smallest of the human, or even be a little larger, they markedly average less, so that using a high power if in the field of view of a slide, as we have frequently demonstrated ourself, one-half contains human blood corpuscles and the other those of a dog, there need not be a moment's hesitation in pronouncing which are human and which are the dog's.

In the minute anatomy of the work we might make some other criticisms, but our space forbids. But for the present these inaccuracies do not detract from the merits of the work. We advise our readers, if they wish something readable, something they can give their whole attention to without any effort, something that will instruct at the same time it affords relaxation, like J. S. C. Abbott's histories, but more care maintained as to accuracy of statement, and personal prejudices do not peep through it, to purchase this little work on physiology by Dr. Whittaker.

We believe the price is $1.75. We will send it, as we do other books, on receipt of price.

CORRESPONDENCE.

Letter from Dr. C. A. L. Reed.

FIDELITY, JERSEY CO., ILL., *June* 7, 1878.

To the Honorable, the Board of Trustees of the Cincinnati College of Medicine and Surgery:

GENTLEMEN—Seven days ago I forwarded to your honorable body my resignation of the chair of General Pathology. Yesterday I received a letter from your secretary, in which you communicate to me the action of your honorable Board as embodied in a resolution instructing him to "notify Professor C. A. L. Reed, M. D., that complaint has been made to this Board of his neglect of duty, and unless he appears at the meeting to be held Thursday, June 6, 1878, at 4 P. M., and successfully defends himself, or hands in his resignation, his chair will be declared vacant."

I am thankful for this resolution, because it gives to me an opportunity to be heard. Permit me, therefore, to state that I resigned my chair in the faculty, not only for the reasons set forth in my letter of resignation, but also for additional reasons, which I now offer for the threefold purpose of refuting the charges preferred against me, of vindicating my honor, and of pointing out an intestine danger that threatens the stability and usefulness of the college.

With reference to my neglect of duty, allow me to say that, after the beginning of the late "reading and recitation term," I made several demands to the Dean of the faculty for a cadaver for post-mortem examination. Such cadaver was never furnished me, although the Dean and other members of the faculty knew that it was positively necessary for the proper illustration of my lectures on post-mortem examinations. I went before the class and delivered all the lectures (two) of my course that could be delivered without the cadaver and consistently with the objects of the course as set forth in the announcement. I then went twice before the class, and, to occupy the time, lectured on subjects other than those for which I had been announced. On two or more occasions I went to the college for the purpose of lecturing only to find the class engaged by some clinician. Finding that my lectures were being thus rendered farcical by the failure of the Dean to furnish necessary means for illustration, and perceiving that my course was being thus and otherwise obstructed, I desisted from lecturing, but held myself in readiness to resume the moment a cadaver was furnished me. The cadaver has not since been furnished. Having become disgusted with such conduct, *I resigned my chair in the faculty because the faculty failed to furnish me with material with which to properly illustrate my lectures, and render them demonstrative and complete, as they were advertised to be.*

To give expression to another reason for resigning, I find it necessary to first review what I consider to be a formidable intestine danger that greatly imperils the college. I experience some diffidence in touching upon this topic, because its discussion involves personal allusions to some members of the faculty, with all of whom my association has been unexceptionally amicable. My high consideration for the college, however, induces me, most reluctantly, to waive all personal sympathy, and expose in his true light to your honorable Board Prof. D. D. Bramble, M. D., occupant of the important chair of Surgery, and Dean of the faculty. Now, I would have your honorable Board to understand that I refer to Prof. Bramble in this connection, not from any want of consideration for Prof. Bramble's feelings, but from my greater regard for the welfare of my *alma mater:* "Not that I love Cæsar less, but that I love Rome more." Prof. Bramble is without correct mental or moral training. He is not sufficiently conversant with his own vernacular language to be able to properly express himself in it. In literature and science he is but a school-boy—yes, less! Even in that which pertains to his profession his knowledge is very limited. Compared to the prominent surgical teachers of the day, he is but nothing—less than nothing; and in that relation he will probably remain. To prove that what I here say is true, allow me to refer you to page 151 of the transactions of the twenty-sixth meeting of the Ohio State Medical Society, where can be found the following:

"HYDRATE OF CHLORAL.

"BY D. D. BRAMBLE, OF CINCINNATI, OHIO.

"When we think of the worth of our predecessors, and that the greatest blessing for which they prayed was

*'"Men's *Sana in Corpore Sano*,"'

'We blush at our own inferiority, though the telescope of science has revealed a perfect panoramic view of the cit-

---

*The reader might suppose that there was contained a typographical error in this line, but we can assure him that such is not the case. Dr. Bramble actually did not know the difference between the Latin word *mens*, mind, and the possessive plural of man. This Latin sentence was furnished him, and he copied it as furnished. When the proof of his paper was sent him, with the line set up as above, as it appeared in the copy, not recognizing any error, there was no correction made. It was a source of great merriment to Watkins, the former printer of the MEDICAL NEWS, that such a man had his name on the cover of that journal as an editor. But Dr. Thacker is now relieved of the mortification of having him as a co-editor.

adel of medicine. The long and wearisome journey to the Jordan disappeared amid the more inviting and pleasant accessions to medical science.

"Nature placed at our disposal in the *Papaverum somniferum*, that noble principal, opium, that for countless ages relieved the suffering, soothed the smarting wound, and eased the stinging pain. Following in its wake came morphia, ether, chloroform and chloral.

"It would be vain for us to travel up the stream of time and seek for a brighter history and more flourishing age of medicine than that which crowns our profession to-day. The blue mist of fable and superstition has long since faded, and we now stand upon a tried foundation stone.

"Anatomy, physiology, chemistry, botany and microscopy have assumed for medicine the morning of a vast and glorious kingdom, whose temple of fame will cope with the hand of war and accompany time through eternity.

"At no time since the days of Esculapius has there been as much interest displayed as marks medical pages to-day. Man seems cognate of his duty to man, and is establishing a therapeutical power which no debt of gratitude can repay."

The foregoing was read before a society representing the knowledge, science and wisdom of the medical profession of the State, and was printed the same year in the transactions, a copy of which is in the library of each member. It was evidently *intended* as a fascinating prelude to a professional State paper—it *is* an idiotic effusion prefacing a batch of ambiguous jargon. Such grammar and such rhetoric would bring the blush to the average youth of twelve summers. But the prominence afforded by the State Society and its official publications did not satisfy the ambition of Prof. Bramble. He had a number of copies of his remarkable essay struck off and bound in pamphlet form for private distribution! Oh, sirs, it is enough to make your loyal alumni weep to see your Board, year after year, maintaining such incompetence in so high a place!

Again, I am informed that it is on record that Prof. Bramble avowed his ignorance of the medicinal properties of port wine, and this he is reported to have done whilst testifying as a medical expert (?). In an important criminal case he so deported himself that the criticism was made by the reporter in his paper to the effect that Dr. B. was incapable of either constructing or understanding an English sentence. And I have also heard the remark made by members of the profession that, in his capital operations, Prof. Bramble is greatly defective, and in thus saying I state it exceedingly "mild."

Now, my dear sirs, when others see the author of such puerility as I have quoted, the expert witness that I have exhibited, and the subject of such criticisms as I have referred to, presuming to instruct intelligent young men in the profound science of surgery, are they not justified in pronouncing him a mere tub of ignorance and pretension, and you, gentlemen, for keeping in the faculty, year after year, such ignorance and incompetence, unfaithful to your trust? How can you expect to make a success of a medical school so long as you have one of the chairs occupied by such a man—so long as you make such a man the figure-head of the institution? You have been making the experiment for several years, and your matriculation book, as compared to that of almost any other institution in the Union, attests the woefulness of your failure.

Long as my letter has grown, I feel that I can not faithfully indicate the intestine evil to which I have alluded without first briefly exposing the sham teachings of your PROFESSOR OF DISEASES OF WOMEN AND CHILDREN. These teachings consist, to an injurious extent, in the exhibition before the students of numbers of wretched prostitutes, chiefly afflicted with venereal diseases in their most loathsome forms. They are laid upon a table and their genital organs exposed. Such exhibitions can be of little value to the common practitioner who practices among a virtuous people. The most probable effect of the Professor's disgusting performance is a lowering of the student's estimate of female character. But this is not all. *Prof. Miles, according to his own statement, practices positive deception!* He told me himself that when he was short of other clinical material he used one certain prostitute (the students of the college remember her) that was always at hand, for illustrating any of the female diseases which he might have under consideration!

You must see that by such a procedure Prof. Miles not only forfeits his professional respectability, but seriously compromises the prestige of the college.

Sirs, the great intestine danger that threatens the stability and usefulness of the college consists in the illiteracy, the indecency and the deceitfulness of certain members of the faculty, and I resigned my chair in the faculty because I desired no longer to be recognized as in fellowship with such men.

With the desire to impress upon your honorable Board that I have written this letter most reluctantly, and purely out of my great interest in the welfare of my *alma mater*, I subscribe myself, yours, with respect,

CHAS. A. LEE REED, M. D.,
Late Professor of Pathology in the Cincinnati College of Medicine and Surgery.

EDITORIAL.

LETTER OF DR. C. A. L. REED.—Our readers will find in this issue of the MEDICAL NEWS a letter from Dr. Charles A. L. Reed, addressed to the Trustees of the *Cincinnati College of Medicine and Surgery*. It is with regret we give place to the letter. It is only because we strongly feel that we ought to publish it that we do so. If any other means than exposure would suffice to cure the evil mentioned in the communication we would be the last one to make such a grievance public, for no man will go about willingly to destroy the fruits of his own labor. But there is not. Miserable pretension and ignorance have gotten themselves so fortified that there is no way of routing them than unveiling and exposing them to public contempt.

With others, we have labored for some years to make the *Cincinnati College of Medicine and Surgery* a leading school—a school inferior to none in position—and we, with the assistance we had, accomplished much, yea, wonders, as all will witness who have had knowledge of it during the last dozen years. But eminent friends in the profession of this city, while they congratulated us for the degree of respectability and patronage we obtained for the school, expressing themselves astonished at the result, yet predicted failure in the accomplishment of our main purposes. As they expressed it, there were too many "dead weights" to carry for us ever to realize the full fruition of our desires.

As respects Dr. D. D. Bramble, we confess that we put him in the chair he occupies, for the reason that, just at the time, he only was available; and, although we knew he was ignorant, yet we were not aware of his exceeding illiteracy. It was the purpose, however, that, so soon as a qualified gentleman could be had to fill the chair of Surgery, he should quietly yield it up, and be content with a lower one—as the chair of Anatomy, which he had filled for several sessions. But we very soon got our eyes open to the fact that it was easier to put him in a place, though notoriously unqualified for it, than to put him out of it, when the interests of the college demanded it. He had no sooner gotten into the chair in which we put him, than he began to fortify himself in it, and make himself master of the situation generally. Destitute alike of modesty and good sense, and a seeming stranger to feelings of obligation, he has not hesitated as to the means he has employed to hold his position.

Those not acquainted with Dr. Bramble would be disposed to believe that the statements of Dr. Reed, as to his illiteracy, etc., were exaggerated. Few could believe that one so deficient could be filling a chair in a medical college. But we can assure all that, instead of exaggerating, Dr. Reed falls far short of the facts. The ignorance is far greater than represented. Papers by him, bound in the proceedings of medical societies and on the library shelves of many, attest it. All that a physician has got to do to prevent an intelligent student from attending upon a course of instruction at the *Cincinnati College of Medicine and Surgery*, is to take from his shelf a book that contains one of Bramble's papers and exhibit it to him, stating that the author holds a leading chair in the school and is the Dean! If he is so destitute of a common-school education, how must it be with the others?

A paper that he once read to the Ohio State Medical Society, as his own production, he did not write a single word of, but it was written for him by Dr. M. L. Amick. Dr. Amick also largely prepared his lectures for him. But, notwithstanding the great obligations he was under to Dr. Amick for favors of this kind, his conduct toward him was marked by such a want of principle that he was compelled to resign his place in the college.

Another *literary prodigy* connected with the college is

Dr. A. J. Miles. But we will not speak of him now. We do not think he will long intrude himself anywhere.

In a future number of the MEDICAL NEWS we propose to give some plain advice to the members of the Board of Trustees of the College. They are the gentlemen who are responsible for the condition of the school—who sustain ignorance and pretension, and crush out all efforts to give it a high position, and among the leading schools of the country. Their course has been such as to justify addressing them not only collectively, but individually.

THE PLAGUE AND SICKNESS IN RUSSIA.—As if the plague were not enough for Southeastern Russia, typhoid fever and small-pox have broken out, and their ravages have created a great deal of alarm in some places. The plague continues to spread, the military cordon drawn around the stricken district seemingly being insufficient to stay the progress of the scourge. The cattle plague has carried off thousands of cattle, thus adding to the distress of the inhabitants. A general unhealthfulness and predisposition to disease and epidemics seem to exist all through the interior of Russia. It will be a wonder if the empire shall escape without a calamity such as will throw our own yellow fever scourge completely into the shade. The annual precautions taken by adjoining nations to prevent the transmission of the diseases over the borders show what a terror the plague has in Europe.

Our Government should immediately take measures to prevent the introduction of the plague into this country, or, before we are aware of it, we will have it right among us. Either all commerce with Russia should be at once stopped, or all vessels coming from there and from Egyptian and Turkish ports should be placed in quarantine and kept in quarantine until it is perfectly sure that no infection can result from them. No importation of such articles as rags, hides, and such-like fomites, by which it is well known that morbid poisons may be carried and preserved in a state ready to spring into activity, should under any circumstances at this time be permitted. What if commerce should suffer for awhile? Better that than tens of thousands of lives be sacrificed. If the plague should become introduced, business then would come to naught. Besides the thousands of lives that were lost, the families that were broken up, and the general misery that resulted, how fearful was the blow to business that followed last summer upon the introduction of yellow fever into our Southern States from the West Indies; for it is now conceded that that disease is not indigenous to this country, but is always imported.

It would seem, at this time, that nearly over the whole world there are stalking "the pestilence that walketh in darkness, and the destruction that wasteth at noonday." In the Cincinnati *Gazette*, of the day we write (February 18), is a long letter, taken from the New York *Herald*, describing the frightful famine that is prevailing in a part of Brazil. Besides the thousands that are dying from hunger, thousands are being carried off by terrible pestilences, as yellow fever, small-pox, etc. In and about Fortaleza alone, seventy-five thousand have died of small-pox. Besides these diseases, a strange affection has broken out from which nearly all attacked die. It is supposed by many to be the plague that in former times swept through Europe and Asia. It is said that when a person is attacked, "he is seized with a sudden giddiness, fever, and burning of the tongue; then dark spots, like bruises, appear on the body, and in twenty-four hours all is over."

It will be only by the greatest care of those in authority that this country will escape the scourge that is now prevailing in Eastern Europe and Western Asia, if it should escape. Active means for protection should be set on foot immediately.

PREACHING BUT NOT PRACTICING.—It will not do to "preach cream and live skim milk." According to the *Independent*, "Rev. J. Hyatt Smith has received a six-page letter from one of the 'holiness brethren,' rebuking him for not having attained sinless perfection." "This letter," says the *Independent*, "was folded in a newspaper, so that the manuscript could not be seen, and sent through the mail with a one-cent stamp. The amount of which the Government was cheated was two cents."

DR. BERNARD TAUBER, of this city, was recently appointed Professor of Acoustics, Anatomy and Physiology of the Ear and Larynx at the College of Music, to fill the vacancy created by the death of the lamented Dr. Longworth.

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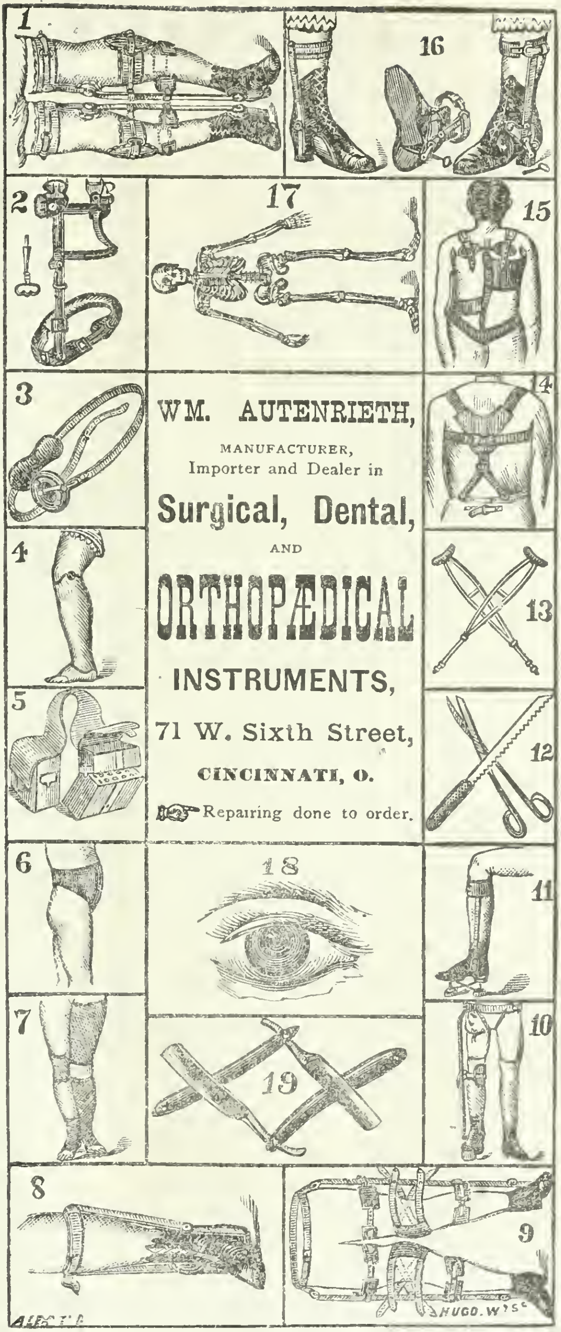

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Attention is invited to the following Analysis of this Extract, as given by S. H. Douglas, Prof. of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO.:

I inclose herewith my analysis of your EXTRACT OF MALT: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.466; Ash (Phosphates), 1.712; Alkalies, .377; Water, 25.7. Total, 99 958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOWGLAS,
Professor of Analytical and Applied Chemistry.

This preparation is highly recommended by physicians as an effective agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

By American and foreign authorities the MALT EXTRACT is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhea, cough, bronchitis, asthma, consumption, the debility of females and of the aged, in retarded convalescence from exhausting diseases, and all depressing maladies. It is often borne by the stomach when every kind of food is rejected.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

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Each dose contains four grains of the Pyrophosphate of Iron.

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Consisting of equal parts of Extract of Malt and Cod Liver Oil, Iodide of Iron being added in the proportion of one grain to the dose.

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WITH COD LIVER OIL.

Consisting of equal parts of Extract of Malt and the best Cod Liver Oil.

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With the Iodides of Iron and Manganese.

Each dose contains one grain each of the Iodides of Iron and Manganese.

IMPROVED

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WITH HYPOPHOSPHITES.

Each dose contains 2 grains Hypophosphite of Lime; 2½ grains Hypophosphite of Soda, and 1 grain each of the Hypophosphites of Potassa and Iron.

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Trommer's Extract of Malt,

WITH ALTERATIVES

Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium

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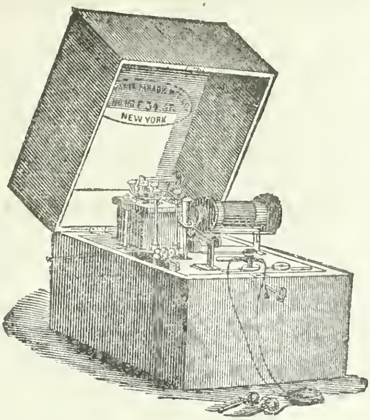

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TO THE MEDICAL PROFESSION

MALTINE.

(*EXTRACT OF MALTED BARLEY, WHEAT & OATS.*)

THIS PREPARATION
Contains from three to five times the
Medicinal and Nutritive Elements found in
Extract of Malt.

MALTINE is a highly concentrated extract of malted Barley, Wheat and Oats, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process, we are enabled to offer to the medical profession a perfect article, possessing from three to five times the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz:

FIRST: In the manufacture of MALTINE the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates, and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.*

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man, and it is only in MALTINE, containing the combined properties of malted Barley, Wheat, and Oats, that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will alone support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. MALTINE contains twenty times the quantity of Gluten found in any Extract of Malt.

FOURTH: Liebig says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use malted Barley in the manufacture of MALTINE is that it contains larger productions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of MALTINE, and would request a trial and comparison of merits with any article offered for similar uses.

---

* As a sure test for Diastase, and the Albuminoids, a small quantity should be put in a test tube or small vial, largely diluted with water, and heated to the boiling point, when the Albumen, if present, will coagulate, and appear in little flocculent particles throughout the liquid. If the extract remains clear, it is proof that it has already been coagulated by excessive heat, and removed by filtration during the process of manufacturing. Any heat which will coagulate Albumen will inevitably destroy the digestive power of Diastase.

(OVER.)

The Nitrogenous constituents of MALTINE have a composition identical with that of the chief constituents of the Blood, and therefore contain nearly every element requisite for the reproduction of the human body.

MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

We manufacture the following preparations, the formulas and doses of which are given in our dose books and on the label attached to each bottle:

MALTINE with Hops.

MALTINE, Ferrated:
This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition, where Iron is deficient in the system.

MALTINE with Phosphates Iron and Quinia:
A powerful general and nutritive tonic.

MALTINE with Phosphates Iron, Quinia and Strychnia:
A powerful nutritive, general and nervous tonic.

MALTINE with Hypophosphites:
This preparation is specially indicated in Phthisis, Rickets, and deficient Ossification.

MALTINE with Pepsin and Pancreatine:
One of the most efficient combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

MALTINE with Beef and Iron:
One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

MALTINE with Cod Liver Oil:
The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

MALTINE with Cod Liver Oil and Phosphorus:
In this combination the Phosphorus has no irritant effect upon the stomach.

MALTINE with Cod Liver Oil and Iodide of Iron:
This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

MALTINE with Alteratives:
In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides, and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood. Each fluid ounce contains: Chloride Calcium, 10 grains; Chloride Magnesium, 10 grains; Bromide Sodium, 5 grains; Iodide Potassium, 1 grain; Iodide Iron, ¼ grain. Dose: One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared Extract of Malt from Barley only.

MALTINE preparations are sold at the same prices as Extract of Malt and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box

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PURE COD LIVER OIL

WITH

HYPOPHOSPHITES OF LIME AND SODA

PERFECT, PERMANENT, PALATABLE.

We respectfully ask the Medical Profession to give the above preparation a trial, knowing they will find it just the thing long desired, and obtain splendid results in the wasting diseases indicated by mal-nutrition and assimilation. The *perfect* and *permanent* union of the Cod Liver Oil with the Hypophosphites, and the thorough manner in which the nauseous taste is disguised, renders it so palatable that the most delicate stomach can retain it. The notable advantage it possesses over all other preparations, is its permanency as an emulsion, remaining for an almost unlimited time without the slightest separation or change, which enables the Physician always to prescribe it in its proper proportions. This oil is prepared expressly for us and guaranteed strictly pure. We will gladly furnish, express paid, a 4 oz. sample to any Physician in the country who may not have been supplied.

FORMULA.—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

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1 inch	30°	15	
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1-6 inch, D and I	140°	25	”
1-8 inch, D and I	160°	40	”
1-15 inch, Im	160°	45	”
1-18 inch, D and I	160°	65	”

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1 inch	20°	8
2-3 inch	30°	10
1-2 inch	45°	10
1-4 inch	100°	14
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1-16 inch	120°	30

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THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-'79 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878. and end about the first of March, 1879.

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Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

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Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
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ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WM. M. POLK, M. D.,
Professor of Materia Medica and Therapeutics and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL.D.,
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Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

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Clinical Professor of Surgery.

EDWIN L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopœdic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of recitations from text-books. This term continues from the first of March to the first of June. During this session daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket for the following winter)	10 00

Students who have attended two full Winter Courses of Lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

Mar.78-1y

Dr. JEROME KIDDER'S ELECTRICAL DEPOT,

The discrimination in the Centennial awards, as is well known, existed in THE WRITTEN REPORTS ON AWARDS by the judges and not in the medals, which were all alike. Dr. Kidder, as far as he knows, is the only one who has published any authorized report upon such apparatus The Centennial award is as follows:

International Exhibition,

PHILADELPHIA, 1876.

The United States Centennial Commission has examined the report of the Judges, and accepted the following reasons, and decreed an award in conformity therewith.

PHILADELPHIA, *Feb.* 24, 1877.

REPORT ON AWARDS.

"PRODUCT,
GALVANIC APPARATUS.

Name and Address of Exhibitor,
JEROME KIDDER, M. D., New York.

The undersigned, having examined the product herein described, respectfully recommend the same to the United States Centennial Commission for award for the following reasons: For the **Scientific basis** and the excellent workmanship of all the exhibited Apparatus; for the introduction of a new method to get very rare interruptions from a self-acting interrupter; for the fitness for the purposes of **changing the quality and quantity** of the galvanic current, and for the very good construction of Galvano-Caustic Apparatus.

Dr. ERNST FLEISCHL, *Signature of the Judge.*

Approval of the Group of Judges.

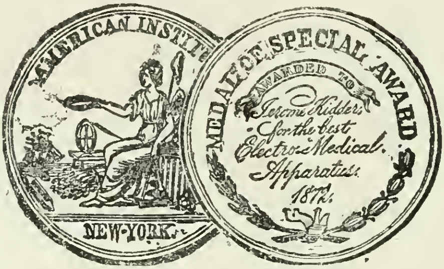
W. ROTH, M. D., *Surg.-Gen., Saxony, German Army.*
J. H. THOMPSON, A. M., M. D.
C. B. WHITE, M. D.

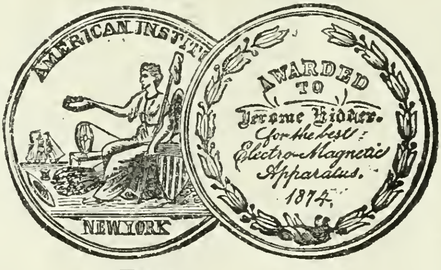
A True Copy of the Record.

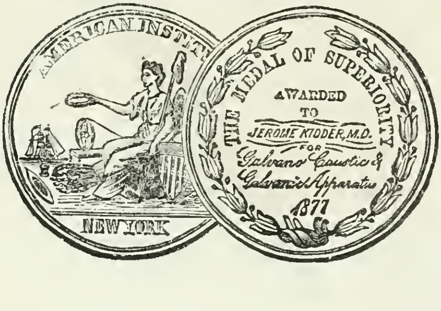
FRANCIS A. WALKER, *Chief of the Bureau of Awards.*

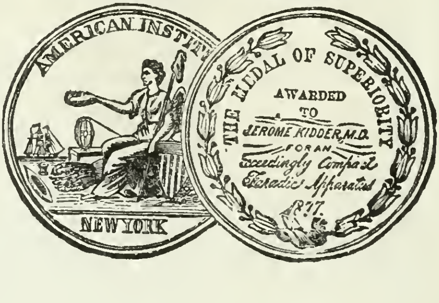
Given by Authority of the United States Centennial Commission.

J. R. HAWLEY, *President.*
A. T. GOSHORN, *Director-General.*
J. L. CAMPBELL, *Secretary.*









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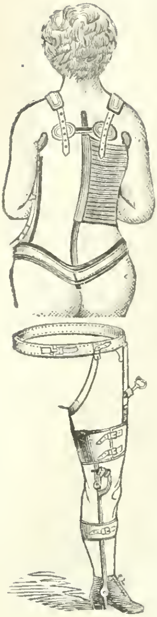

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1 Crust, new method, in air-tight Glass Capsule, prepared for immediate use, .	2 00

We will warrant every package, giving a fresh supply in case of failure reported within fifteen days for Points, and ninety days for Kine Crusts.

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jan.1y.

International Exhibition, Philadelphia, 1876.

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The growing appreciation by the medical profession of the United States of

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is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

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3d, It is *less costly:* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

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"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

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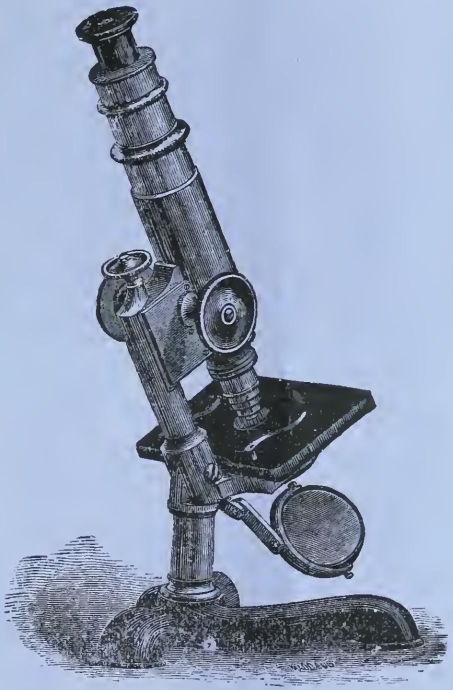

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